No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 294
294

FEB 25 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair 999
(c) City or town O'Fallon N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 401 4th. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Margaret Transano
3. (b) If veteran, name war No.
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pete
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased June (Month) 24 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
34	6	17	hr. min.

9. Birthplace Vandergriff (City, town, or county) Penn. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Joseph Tialdo
13. Birthplace Italy (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Jennie Chiri
15. Birthplace Italy (City, town, or county) (State or foreign country)
16. (a) Informant Pete Trannano
(b) Address O'Fallon, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/12/41 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) JAN 12 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from January 3rd 1941 to January 18 1941 that I last saw h. alive on January 10 1941 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Tuberculosis
Due to Peritonitis with liver and spleen-
Due to involvement
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy free fluid in abdomen, miliary dissemination of tubercles in liver & spleen

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Hermann Maas (M. D. or other)
Address Metropolitan Bldg. Date signed 1/11/41

(Licensed Embalmer's Statement on Reverse Side) St. Louis Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. S. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.