No. 2
4-13-40
5-17-39
I X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 747

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 747

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: Faith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
In this community 47 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 25 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1322 Hadley Ave. 9
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Rose Sara Saporita

3. (b) If veteran, name war none

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 Vincent Saporita

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 6. 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	7	16	hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation Housework.

11. Industry or business

MOTHER FATHER

12. Name Tony Beninata

13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

14. Maiden name Frances Berte

15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Vincent Saporita

(b) Address 1322 Hadley Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bennett Nichols

(b) Address 1431 Union, Blvd.

19. (a) JAN 23 1941 (Date received local registrar) (b) J. F. Breden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1941 hour 12. minute 22 a. M.

21. I hereby certify that I attended the deceased from 1/12/41 to 1/22/41, 19..; that I last saw her alive on Jan. 22, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1) Gangrene of left leg due to embolism	10 days
Due to 2) Chronic myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 ?

Signature C. J. Signorelli (M. D. or other)

Address 1829 Carr Date signed 1/23/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2915

P. O. Address.....

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

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