

No. 2
4-13-40
5-17-39
I X2315

APR 9 1941 784

Registration District No.

Primary Registration District No. **111**

Registrar's No. **534**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution St. Marys Hospital

(d) Length of stay: In hospital or institution 9 days

In this community 75 years.

3. (a) PRINT FULL NAME Mary R. Fiorita.

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 Widow

6. (b) Name of husband or wife Silverster R. Fiorita

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

7. Birth date of deceased Feb. 24, 1859

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>0</u>	<u>15</u>	hr. min.

9. Birthplace German Town, Penn.

10. Usual occupation Housework

11. Industry or business

12. Name Ludwig Loos

13. Birthplace Germany

14. Maiden name UNKNOWN

15. Birthplace Holland.

16. (a) Informant Invent R Fiorita

(b) Address 5530 Delmar Blvd.

17. (a) Burial

(b) Date thereof March 14.

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bessie Nichau

(b) Address 1431 Union Blvd

19. (a) MAR 12 1941

(b) R. M. ...

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County 600

(c) City or town St. Louis

(d) Street No. 5530 Delmar Blvd.

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11.

year 1941 hour 6. minute 10 p.m.

21. I hereby certify that I attended the deceased from March 4 to March 11 1941

that I last saw h. er alive on March 11 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo

Due to fracture of ribs

Due to fracture of right shoulder

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 186

Of autopsy fracture of ribs, 140 nephros

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence March 1941

(c) Where did injury occur? St. Louis Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? (Specify type of place)

(e) Means of injury fall

23. Signature John ...

Address St. Louis

Duration

1 day

10 days

10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96
68

*Not Being
Paper 2/45*

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.....

P. O. Address.....

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

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

