

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16977
4495

State File No.

Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital #1
(d) Length of stay: In hospital or institution 6 Days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1440 N. 14th St.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Rose Ruffino
3. (b) If veteran. name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 27, year 1941 hour 4:30 minute A. M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Vito Ruffino
6. (c) Age of husband or wife if alive 55 years

21. I hereby certify that I attended the deceased from May 22, 1941 to May 27, 1941 that I last saw him alive on May 27, 1941 and that death occurred on the date and hour stated above.

7. Birth date of deceased Sept. 5, 1897
8. AGE: Years 43 Months 8 Days 22 If less than one day hr. min.

Immediate cause of death Left Cerebral Embolism 5 days
Due to Rheumatic Heart Disease 35 yrs.

9. Birthplace St. Louis, Missouri
10. Usual occupation Housework

Other conditions
Major findings: Of operations
Of autopsy none

MOTHER FATHER { 11. Industry or business
12. Name Guisanni Busalacki
13. Birthplace Italy
14. Maiden name Maria LaChavio
15. Birthplace Italy

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

16. (a) Informant Vito Ruffino
(b) Address 1440 N. 14th St.
17. (a) Burial (b) Date thereof May 30, 41
(c) Place: burial or cremation Calvary Cemetery

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

18. (a) Signature of funeral director
(b) Address 1431 Union Bldg.
19. (a) Date received by local registrar May 28 1941
(b) Registrar's signature

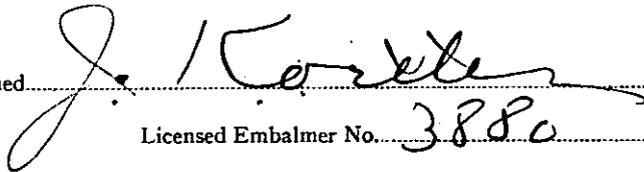
23. Signature Rosalyn W. Hull M. D. (Specify type of place) While at work (e) Means of injury
Address 1516 Lafayette Ave. Date signed 5/27/41

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

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. 3880.....

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.