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13-40
17-39
X23139

Registration District No. **791**

Primary Registration District No. **1003**

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: **Little Sisters Of The Poor 5**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 yrs.**
(Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **George Ratazzi**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Christina** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **Sept. 9, 1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **9** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis, Mo. (.)**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cleaner**

11. Industry or business _____

12. Name **George Ratazzi**

13. Birthplace **Don't Know** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Busch**

15. Birthplace **Don't Know** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Sister Seraphine**
(b) Address **3400 So. Grand Blvd.**

17. (a) **Burial** (b) Date thereof **June 25, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **xxxxSS. Peter & Paul Cemetery**

18. (a) Signature of funeral director **J. H. Helken & 2nd U. Co.**
(b) Address **2842 Meramec St.**

19. (a) **JUN 24 1941** (b) **J. H. Helken**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL") **1716**
(d) Street No. **3400 So. Grand Blvd.** **9**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22nd.**
year **1941** hour **12:45 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Jan 15**
1941, to **June 22, 1941**
that I last saw him alive on **June 17, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Aneurysm**
general **1 year**
Due to _____
Due to _____

Other conditions **None**
(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 _____
23. Signature **J. H. Helken** (M. D. or other) _____
Address **2842 Meramec St.** Date signed **6/23/41**

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

Laron C. Reucy

Licensed Embalmer No. 4094

2842 Meramec St.

P. O. Address..... St. Louis, Mo.

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.