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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23288

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5640

**1. PLACE OF DEATH:**

(a) County
(b) City or town St. Louism Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5710 Colombia Ave
(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 Yes

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County
(c) City or town St. Louis, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 5710 Columbia Ave 13
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Felicita Bosetti
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Giatano Bosetti
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased I (Month) 2I (Day) I884 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 57 | 5 | 17 | hr. min. |

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)
10. Usual occupation House
11. Industry or business Wife
MOTHER FATHER
12. Name Atillio Ravazzani
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)
14. Maiden name Maria Honzza
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)
16. (a) Informant Giatano Bosetti
(b) Address 5710 Columbia ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7. 10. 41 (Month) (Day) (Year)
(c) Place: burial or cremation Gold St Peter Cem
18. (a) Signature of funeral director Paul Calcatera
(b) Address 5442 Daggett ave
19. (a) JUL 8 1941 (Date received local registrar) (b) L. W. Bredick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 8 year 1941 hour 7 minute 5 A.M.
21. I hereby certify that I attended the deceased from 12/4 1939 to 7/8 1941 that I last saw her alive on 7/7 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral hemorrhage | 4 days |
| Due to Cardio nephritis | 3 yrs |
| Essential Hypertension | |
| 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
23. Signature L. A. Mulliken (M. D. or other) D.O.
Address 2608 S. Kingshighway Date signed 7/8/41

(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 Paul C Cakaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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

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