

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29968

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7307

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: 1604 Hogan St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community unknown
years, months or days)

3. (a) PRINT FULL NAME Ninphia Dattilo

3. (b) If veteran, name war no

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 Michael Dattilo

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

7. Birth date of deceased unk - 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months -- Days -- If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Natalie Whzanac

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

14. Maiden name unknown

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

16. (a) Informant Edward Dattilo

(b) Address 1604 Hogan St

17. (a) burial (b) Date thereof Sept. 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Brookhart & Brookhart

(b) Address 2228 St. Louis Ave

19. (a) 9 1941 (b) J. E. Budnick
(Date received, local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 26 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 1604 Hogan St
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 8th day _____
year 1941 hour 6 30 minute 1 M.

21. I hereby certify that I attended the deceased from June 10, 1941, to Sept 8, 1941; that I last saw her alive on Sept 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis

Due to _____

Due to _____

Other conditions: MI
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: no

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? _____

While at work? _____ (Specify type of place) (e) Means of injury D.

23. Signature J. E. Budnick (M. D. or other) _____
Address 1830 Cass St Date signed 9/9/41

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.....

Charles J. Goodrich

Licensed Embalmer No.....

2777

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.