No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39936

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9644

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

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:
1813 Marconi Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 1813 Marconi Ave. 134
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rosa M. Colombo

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 Widowed

6. (b) Name of husband or wife Late John Colombo

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

7. Birth date of deceased Aug. (Month) 26th (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	3	8	hr. min.

9. Birthplace (City, town, or county) Italy 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Cucchi
13. Birthplace (City, town, or county) Italy 4 (State or foreign country)

MOTHER
14. Maiden name Unknown Josephine
15. Birthplace (City, town, or county) Italy 4 (State or foreign country)

16. (a) Informant Myrtle R. Colombo
(b) Address 4920 Southwest Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 5 1941 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 4th year 1941 hour 11:20 minute A.M. M.

21. I hereby certify that I attended the deceased from October 15, 1938, to Nov. 4, 1941 that I last saw her alive on Nov. 4, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Decubitus Ulcers	6 Days
Hypostatic Pneumonia	1 Day
Due to Lobar Following	
Due to Cerebral apoplexy	
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 Vincent J. LoPiccolo (M. D. or other) MD
Address 1900 Marconi Date signed 12/5/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. LoPicollo
1900 a Marconi

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 Reinhold K. Lohrman

Licensed Embalmer No. 3395

P. O. Address.....

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.