. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40352

State File No.

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10104

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: Jewish Hosptial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11 000

(c) City or town St. Louis 11 12
(If outside city or town limits, write "RURAL")

(d) Street No. 2512a N. Vandeventer 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rosie Falzone

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vito

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased September (Month) 1 (Day) 1907 (Year)

8. AGE: Years 34 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Partinico (City, town, or county) 5 Italy (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Saverio Naccarato
13. Birthplace Partinico (City, town, or county) 5 Italy (State or foreign country)

MOTHER
14. Maiden name Francesca Caleca
15. Birthplace Partinico (City, town, or county) 5 Italy (State or foreign country)

16. (a) Informant Vito Falzone
(b) Address 2512 N Vandeventer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23 41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P Miceli-Son
(b) Address 1150 N. Kingshighway

19. (a) DEC 22 1941 (Date received local registrar) (b) DEC 22 J. F. Bredak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1941 hour 8 minute 00 P M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death: Shock and Internal Hemorrhage Gas Anesthesia following Surgical operation for Ectopic Pregnancy at Jewish Hospital 12/19/41 About 8 am

Duration

Due to

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? (g) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address [illegible] Date signed 12/22/41

(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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.