

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

*Grassi* 8616  
State File No.

FILED APR 8 1942 91

Primary Registration District No. 1003

Registrar's No. 2378

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, MO.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5123 Daggett Ave  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_ 13

(c) City or town St. Louis, MO  
(If outside city or town limits, write "RURAL") no

(d) Street No. 5123 Daggett Ave  
(If rural, give location) 17

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 9

If yes, name country \_\_\_\_\_ 7

3. (a) PRINT FULL NAME Rachelle Grassi

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 14  
year 1942 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 9, 1939, to March 14, 1942, that I last saw her alive on March 14, 1942, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John Grassi

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased. 2. 4. 1885  
(Month) (Day) (Year)

Immediate cause of death adenocarcinoma of cervix of uterus

Duration 3 1/2 yrs.

8. AGE: Years 57 Months I Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Generalized Carcinomatosis of pelvic organs.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation House Wife

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Carlo Gualdoni 5

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

14. Maiden name Marie Calcaterra (City, town, or county) (State or foreign country)

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

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? \_\_\_\_\_

16. (a) Informant John Grassi

(b) Address 5123 Daggett Ave

17. (a) Burial (b) Date thereof 3. 17. 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Peter Paul Cem.

(Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Charles Montoni (M. D. or other) M.D.

Address 5147 Daggett Ave Date signed 3-16-42

18. (a) Signature of funeral director Paul Calcaterra

(b) Address 5147 Daggett Ave

19. (a) MAR 16 1942 (Date received local registrar)

J. F. Predeck (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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..... *Paul Colcaterra*

Licensed Embalmer No. *2376*

P. O. Address *5142 Daggett St*

**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.**