

FILED SEP 23 1942 318

Registration District No. Primary Registration District No. Registrar's No. 2686

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:
2207 Mullanphy St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 48 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
(c) City or town St. Louis (If rural, give location)
(d) Street No. 2107 Mullanphy St.
(e) Citizen of foreign country? Yes. (Yes or No)
If yes, name country Italy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1942 hour 4 minute 15 p. M.
21. I hereby certify that I attended the deceased from July 20
1942 to Sept. 13 1942
that I last saw her alive on Sept. 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardio - Renal Disease
Due to Arteriosclerosis
Hypertrophic degeneration of
the liver
Other conditions.....
(Include pregnancy within 3 months of death)

Duration

Physician
Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy.....

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?

23. Signature Arthur Swallow (M. D. or other) MD
Address 2702 University Date signed 9/4/42

3. (a) PRINT FULL NAME Rose Pitti.

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 Married.

6. (b) Name of husband or wife Antonino Pitti. 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Sept. 10, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 0 3 hr. min.

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

10. Usual occupation Housework.

11. Industry or business.....

12. Name Pasquale Marfisi.

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

14. Maiden name Augustine Quattrochi.

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

16. (a) Informant Antonino Pitti

(b) Address 2107 Mullanphy St.

17. (a) Burial (b) Date thereof Sept. 16, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of informant Rose Pitti

(b) Address 143 Union Bld.

19. (a) SEP 15 1942 (Date received local registrar) (b) Registrar's signature J. F. Boudrot

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

MOTHER FATHER

Mr. [unclear]
1201 University

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 H. J. Rowland

Licensed Embalmer No. 3880

P. O. Address.....

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.