S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38128 1

State File No. 0

FILED DEC 10 1942

Registration District No. 184 Primary Registration District No. 111 Registrar's No. 2294

96 8 33

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 2464 Helen
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

96 9 1

3. (a) PRINT FULL NAME Valle Rose
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Rose
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May (Month) 2 (Day) 1906 (Year)
8. AGE: Years 36 Months 6 Days 9 If less than one day hr. min.
9. Birthplace Gallup (City, town, or county) New Mexico (State or foreign country)
10. Usual occupation H. W.
11. Industry or business
FATHER 12. Name Andrew Colbianchi
13. Birthplace Italy 5 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Loretta Demichael
15. Birthplace Italy 5 (City, town, or county) (State or foreign country)
16. (a) Informant Joseph Rose
(b) Address 2464 Helen-Brentwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/42 (Month) (Day) (Year)
(c) Place: burial or cremation Central Cemty
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address Kirkwood, Mo.
19. (a) NOV 3 - 1942 (Date received local registrar) (b) C. H. McNamara (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3 year 42 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from 10 24, 1942 to 11-2, 1942 that I last saw him alive on 11-2-42, 19.. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Abscess liver	
Due to Abscess kidney, Hepatitis	
Due to Hemorrhage from intestine	
Other conditions Anemia (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Multiple stones in Gallbladder and liver	

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 Carl C. Drueffel (M. D. or other) M.D.
Address 2272 Gaylord Webster Gro. Date signed 11-3-42

(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.....

Licensed Embalmer No.....

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.