

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.....

FILED DEC 21 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10355

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 No. 5 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2709 Missouri Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Rose Nicolosi

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Liborio Nicolosi 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased December 2, 1883  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10,  
year 1942 hour 2:20 minute P. M.

21. I hereby certify that I attended the deceased from November 5, 1942, to December 10, 1942,  
that I last saw her er alive on December 10, 1942,  
and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 0 Days 8 If less than one day hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Charles Urnauer

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

14. Maiden name Catherine Hockstul

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

16. (a) Informant Liborio Nicolosi

(b) Address 2709 Missouri

17. (a) Burial (b) Date thereof 12-14-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

18. (a) Signature of funeral director J. J. Bradeak

(b) Address 2630 Gravois Avenue

19. (a) (Date received local registrar) DEC 12 1942 (b) J. J. Bradeak (Registrar's signature)

Immediate cause of death Carcinoma of Cecum and ascending colon with metastasis  
Due to metastasis

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy as above

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)..... no

(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 W. J. Park (M.D. or other) 12/10/42  
Address 1515 Lafayette Ave. Date signed.....

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

MOTHER FATHER

DEC 12 1942

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**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.....

*Robert J. Gebben*

Licensed Embalmer No. *4144*

P. O. Address *2630 Groves*

**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.**