

FILED JUL 24 1943 318

Registration District No. Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
5332 Greer Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rosalia Reale

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

3. (c) Social Security No.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Francesco

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

7. Birth date of deceased September 25 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 9 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Giovanne Battista Magro

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

14. Maiden name Caterina Virga

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

16. (a) Informant John Reale
(b) Address 5332 Greer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Michi - son
(b) Address 1150 N. Kingshighway Blvd.

19. (a) JUL 16 1943 (Date received local registrar)
J. F. Busch (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 96

(a) State Missouri (b) County

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

(d) Street No. 5332 Greer Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1943 hour 3:00 pm minute M.

21. I hereby certify that I attended the deceased from March 1943 to July 15 1943
that I last saw her alive on July 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hypertensive
hepatic cirrhosis

Due to

Due to

Other conditions Heart failure
(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature A. Lizzari (M. D. or other)
Address 1900 Bell Ave. Date signed July 15 43

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. Schene

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.