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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

6107  
State File No. ....  
Registrar's No. 1431

Registration District No. 318 Primary Registration District No. ....

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

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:  
St. Anthony Hospital, 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Infant Ciotti,  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female, 5. Color or race White,  
6. (a) Single, widowed, married, divorced Single,  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
alive..... years  
7. Birth date of deceased February 10, 1947  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	-0-	-0-	-0-	<u>18</u> hr. min.

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

11. Industry or business.....  
12. Name B. R. Ciotti,  
13. Birthplace Irontdale, Ohio,  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane McLellen,  
15. Birthplace Fort Wayne, Indiana,  
(City, town, or county) (State or foreign country)

16. (a) Informant B. R. Ciotti;  
(b) Address 4627 McPherson Ave.,

17. (a) Burial, (b) Date thereof 2/12/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New SS. Peter & Paul Cem.  
Gebken-Benz Mortuary

18. (a) Signature of funeral director.....  
(b) Address 2842 Meramec St.

19. (a) FEB 11 1947 (b) J. T. Brubaker  
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County.....  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4627 Mc Pherson Ave.,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 10th  
year 1947 hour 9: minute 20 P. M.  
21. I hereby certify that I attended the deceased from Feb 10 47 to Feb 10 47  
that I last saw her alive on 2-10 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Spina Bifida 3rd degree  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death).....  
Major findings:  
Of operations.....  
Of autopsy.....  
Duration Since birth  
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..... 0  
23. Signature J. T. Brubaker (M. D. or other).....  
Address 4065-50 Grand Date signed 2-11-47

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.

NO EMBALMING

Signed.....  
*Joe B. Benz*

Licensed Embalmer No. *4749*  
2842 Meramec St.,

P. O. Address.....  
St. Louis, 18, 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.