

3. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41285**

FILED JAN 11 1949
378

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **11374**

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:
2223 Mullanphy. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **52 Yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **20** **2223 Mullanphy. St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Virginia Birrettella

(b) If veteran, name war **no**

(c) Social Security No. **no**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **John Birrettella**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased _____
(Month) (Day) (Year)

1895

8. AGE:

Years **53** Months **-** Days **-** If less than one day hr. min.

9. Birthplace

Unknown Italy
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business _____

MOTHER FATHER

12. Name **Anthony Greco**

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

14. Maiden name **Mary Vekona**

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

16. (a) Informant

John Birrettella

(b) Address **2223 Mullanphy. St.**

17. (a)

Burial

(b) Date thereof **1-3-49**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Goodhart & Goodhart**

(b) Address **2228 St. Louis, Ave.**

19. (a)

DEC 30 1948

(b) **J. B. Rooster**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **29**
year **1948** hour **10** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Jan 1947** to **Dec 29 1948**
that I last saw her alive on **Dec 29 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatic Heart Disease with Decomposition**

Duration **5 years**

Due to _____

Due to _____

Other conditions **Diabetes mellitus**
(Include pregnancy within 3 months of death)

3 years

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 **Martin W. Davis** (M. D. or other)
Address **539 N. Grand** Date signed **12/29/48**

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

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 *Gustav W. Dietel*

Licensed Embalmer No. *4329*

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.