

No. 2
4-12-40
-17-39
X22

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26842

State File No. _____

6634

Registrar's No. _____

Registration District No. _____

Primary Registration District No. _____

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: 1516 N. 18th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: 3 (Specify whether in hospital or institution)
 In this community 3 (Specify whether in city, town, or village)

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. 1516 N. 18th (If rural, give location)
 (e) If foreign born, how long in U. S. A. No attending physician

3. (a) PRINT FULL NAME Rosa Galati.
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 12
 year 1941 hour 7. minute 50 a.m.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nick Galati.
 6. (c) Age of husband or wife if alive 45 years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

7. Birth date of deceased May 3, 1899
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
42 3 9 hr. _____ min. _____

Duration _____
Chronic Myocarditis
Endocarditis, Chronic
Interstitial Nephritis
 Due to _____

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

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

10. Usual occupation Hous ework

Major findings: 1316

11. Industry or business _____
 12. Name Salvatore Lupo.
 13. Birthplace Italy
(City, town, or county) (State or foreign country)
 14. Maiden name Conchetta Bonmarito.
 15. Birthplace Italy
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Nick Galati
 (b) Address 1516 N. 18th St.

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? _____

17. (a) Burial (b) Date thereof Aug 16, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

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

18. (a) Signature of funeral director Beussek-Niehau
 (b) Address 2431 Union Blvd.

23. Signature Thomas J. Collins (M. D. or other) 3
 Address Spouty, Cronin Date signed 8/14/41

19. (a) AUG 14 1941 (b) _____
(Date of local registrar) (Registrar's signature)

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

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MOTHER FATHER

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..... 3980.....

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.