

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

6607

**1. PLACE OF DEATH**

County..... Registration District No. **701**  
Township..... Primary Registration District No. **1003**  
City..... St. .... Ward)

File No. ....  
Registered No. **1423**

**2. FULL NAME**

*Rosalie Randazzo*  
(a) Residence. No. **4650 St Louis** St., **6** Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** *Female*  
**4. COLOR OR RACE** *White*  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** *(write the word)* **Divorced**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) *Feb 8 30*

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** *Jim Curcure*

**17. I HEREBY CERTIFY**, That I attended deceased from *Feb 3*, 19*30*, to *Feb 8*, 19*30* that I last saw h. or alive on *Feb 8*, 19*30*, and that death occurred, on the date stated above, at *11:10 p.m.*

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) *Feb 16 1877*

**THE CAUSE OF DEATH WAS AS FOLLOWS:**  
*Lobar Pneumonia*

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*52 11 72*

*108* (duration) yrs. mos. ds.

**8. OCCUPATION OF DECEASED**  
(a) Trade, profession, or particular kind of work *Drum Tacker*  
(b) General nature of industry, business, or establishment in which employed (or employee)  
(c) Name of employer *Hewitt & Company*

**CONTRIBUTORY (SECONDARY)** *10/10* (duration) yrs. mos. ds.

**9. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

**8. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH.....

**10. NAME OF FATHER** *Baptista Randazzo*

**DID AN OPERATION PRECEDE DEATH?** DATE OF.....

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

**WAS THERE AN AUTOPSY?**.....

**12. MAIDEN NAME OF MOTHER** *Margia Balsamo*

**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) *Peter A Eck* M. D.

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) (STATE OR COUNTRY) *Italy*

(Address) *4701 St Louis Ave*  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**14. INFORMANT** (Address) *Mrs Sam Mondaco*  
*4650 St Louis*

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** *Cemetery* **DATE OF BURIAL** *Feb 11 30*

**15. REG. FILED** 19 *Mar 2* *St Louis* REGISTRAR

**20. UNDERTAKER** *Danausk Nehaus* ADDRESS *1138 N 6*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4700 Al Lou