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

Do not use this space.

2909

1. PLACE OF DEATH
County St. Louis
Township
City Richmond Hts. No. St. Mary's Hospital St. Ward)

Registration District No. 1170
Primary Registration District No. 6248 H

File No.
Registered No. 37

2. FULL NAME Rosa Clementi
(a) Residence. No. 1236 Constance St., Ward. Collinsville Ills.
(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.

FEB 2 9

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Angelo Clementi

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
	48	7	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) Housework
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Anton Italiano
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Italy

14. INFORMANT Sam Ballerio
(Address) Collinsville Ill.

15. FILED 1/3, 1931 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2/31 19

17. I HEREBY CERTIFY, That I attended deceased from 12/18/30, 19..., to Jan. 2nd/31, 19..., that I last saw h. alive on 1-1-1931, 19..., and that death occurred, on the date stated above, at 11:55 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Parenchymatous Nephritis
134
718 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Secondary anemia
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam.
(Signed) G. M. Tripodi, M. D.
, 19 (Address) 744 Ms. Bldg.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Collinsville Ills.	Jan 5/31 19

20. UNDERTAKER	ADDRESS
Geo. M. Schaeppel Schaeppel Und Co Inc	Collinsville Ill.

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.