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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 7750

Township ..... Primary Registration District No. ..... Registered No. 2113

City ..... (No. Missouri Baptist Hospital St. ..... Ward)

2. FULL NAME Rose Longo

(a) Residence. No. 3938 St Louis Ave St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Longo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	4	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 2
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Joseph Boda
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Antonina Spinuzza
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

14. INFORMANT Sam Longo
(Address) 3938 St Louis Ave

15. FILED FEB 16 1931, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1931, to Feb 13, 1931 that I last saw her alive on Feb 13, 1931, and that death occurred, on the date stated above, at 12 20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

95B
13 2 B
10 Uremia

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) Hypertension & Cardio-renal disease (duration) ..... yrs. ..... 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?
(Signed) John D Stillwell, M. D.
, 19 (Address) 3720 Washington 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary	Feb. 17 1936
20. UNDERTAKER	**ADDRESS**
Bensiek-Niehaus	1138 N 6th

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. No. 2.

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