

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

Do not use this space.

18143

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No) *Josephine Hosp* St. Ward)

File No.....
Registered No. **4349**
St. Ward)

2. FULL NAME

(a) Residence, No. *1535 Bacon* St. *11* 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

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widower</i>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Jessie La Rosa</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 4 1883</i>		
7. AGE YEARS <i>49</i>	MONTHS <i>10</i>	DAYS <i>17</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Reader</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Egg & Butter</i>		
10. Date deceased last worked at this occupation (month and year) <i>Nov. 1/32</i>		11. Total time (years) spent in this occupation <i>4</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>		
13. NAME <i>Jessie La Rosa</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>		
15. MAIDEN NAME <i>Ustkiocor</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>		
17. INFORMANT (ADDRESS) <i>James Ferrell 1535 Bacon</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>May 18 33</i>		
19. UNDERTAKER (ADDRESS) <i>James H. Fitch 1138 21st St</i>		
20. FILED <i>May 18 1933</i> <i>J. A. Predick</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 16 1933*

22. I HEREBY CERTIFY, That I attended deceased from *11/4/32* to *5/16/33*
I last saw him alive on *5-15-1933* Death is said to have occurred on the date stated above, at *19* m.
The principal cause of death and related causes of importance were as follows:
Cardiac Decompensation 11/1/33
95B
95B
Other contributory causes of importance:
Terminal Pneumonia 5/10/33
Hypostatic

Name of operation *none* Date of.....
What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify.....
(Signed) *Nicholas S. Vitale*, M. D.
(Address) *3861 Thomas*

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.

1535
11
18
16

1950-1951
1952-1953
1954-1955
1956-1957
1958-1959
1960-1961
1962-1963
1964-1965
1966-1967
1968-1969
1970-1971
1972-1973
1974-1975
1976-1977
1978-1979
1980-1981
1982-1983
1984-1985
1986-1987
1988-1989
1990-1991
1992-1993
1994-1995
1996-1997
1998-1999
2000-2001
2002-2003
2004-2005
2006-2007
2008-2009
2010-2011
2012-2013
2014-2015
2016-2017
2018-2019
2020-2021
2022-2023
2024-2025