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

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.

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

Do not use this space.

30738

1. PLACE OF DEATH

County SEP 13 1934 Registration District No. 791

Township Primary Registration District No. 1003

City St. Louis (No. 1325 S. Grand St. Ward) Desloge Hosp.

File No.

Registered No. 7992

2. FULL NAME Rosalie Panter

(a) Residence, No. 237 Wood River Ave. Ward. Wood River Ills.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. 1 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Joseph Pane Pinto

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 21 - 1912

7. AGE YEARS 22 MONTHS 3 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) July 1924

11. Total time (years) spent in this occupation 9 Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baton Rogue Louisiana

FATHER

13. NAME Thomas A. Michelle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy

MOTHER

15. MAIDEN NAME Mary Afello

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy

17. INFORMANT (ADDRESS) J. J. Pinto 237 Wood River Ave Wood River Ills

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Lawn Cem. DATE Aug 5 1934

19. UNDERTAKER (ADDRESS) Baton Rouge La. Robert H. Streeper 2521 Edwards St. Alton Ill.

20. FILED AUG -3 1934 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1934, to 8-2, 1934

I last saw her alive on 8/2, 1934. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Prudent Appendicitis (Perforative) — Date of onset 7/1/34

121 A

Other contributory causes of importance:

Diffuse Peritonitis; Preg: Miscarriage; Obstruction of bowels.

Name of operation Appendectomy Date of July 3/34

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.

Number of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Walter M. Jones, M. D.

(Address) 3400 Miramec