

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

Do not use this space.

**AUG 30 1937**

**28439**

**1. PLACE OF DEATH**

County **St. Louis**  
Township **JEFFERSON**  
City **RICHMOND HEIGHTS** (No. **St. Marys Hospital**)

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

File No. \_\_\_\_\_  
Registered No. **170** Ward \_\_\_\_\_

**2. FULL NAME**

**Santa Ragusa**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward **Crystal City, Missouri**  
(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 **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 **Charles Ragusa**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 5th, 1905**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>32</b>	<b>3</b>	<b>26</b>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

FATHER 13. NAME **Victor Ragusa**

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

MOTHER 15. MAIDEN NAME **F. Puglise**

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

17. INFORMANT **Charles Ragusa**  
(ADDRESS) **Crystal City, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Festus, Mo.** DATE **August 3rd, 1937**

19. UNDERTAKER **Albert H. Hoppe Inc.,**  
(ADDRESS) **429 N. Euclid Avenue**

20. FILED **Aug. 2, 1937. Sam A. Bassett**  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 31st**, 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **6-30, 1937**, to **7-31, 1937**

I last saw her alive on **7-31, 1937** Death is said to have occurred on the date stated above, at **3.00 A.M.**

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

**Chondro Sarcoma Chest wall metastasis to lungs and vertebral column resulting paralysis of lower half of body.**

Date of onset **1926**  
**6-15-37**

Other contributory causes of importance: \_\_\_\_\_

Name of operation **Excision Tumor** Date of **6-15-37**

What test confirmed diagnosis? **Spinal fluid** 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) **P. J. D. Santos**, M. D.  
(Address) **St. Marys Hospital St. Louis, Mo.**

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.

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