

JAN 24 1938

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

125
~~46815~~
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96 1170
(b) Township Jefferson Primary Registration District No. 6 24 8 1/2
(c) City St. Louis Street No. St. Mary's Hosp. Registered No. 57
(d) (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Marie Bova Conti 530

(a) Residence, No. 1228 N. 9th Street, St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Joseph Bovaconti

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 7 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as 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 7

13. NAME Joseph Ciauciola 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 7

15. MAIDEN NAME Anna Palmasino

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

17. INFORMANT Sam Bovaconti
(ADDRESS) 1228 N. 9th Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 10 1938

19. FUNERAL DIRECTOR Bensiek-Niehaus
(ADDRESS) 1134 N. 6th Street, DR.
THEODORE R. HILFER M. D. DR.

20. FILED 1-8 19 38 Deputy State Registrar of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ a.m.

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

Diabetes Mellitis Date of onset 59

Other contributory causes of importance:
Pneumonia, lobar acute

Name of operation None Date of _____
What test confirmed diagnosis? Medical History Was there an autopsy? yes

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 _____

P. H. (Signed) John J. Connelley M.D.
Coroner, St. Louis Co. (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Larry M. White, Licensed Embalmer No. 3973

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Larry M. White
Licensed Embalmer No. 3973

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)