

FEB 12 1938

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

1234
Do not use this space.

791
1008

Registered No. 1090

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 3723 Cottage St.
(e) Length of residence in city or town where death occurred 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Rosalia Cavataio / 30
3723 Cottage

(a) Residence, No. St. 11 (If nonresident, give city or town and State)

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 Salvatore Cavataio

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1880

7. AGE YEARS 58 MONTHS 0 DAYS 27 If LESS than 1 day, hrs. or min.

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

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

13. NAME Antonino Lafata

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

15. MAIDEN NAME Filippa Orlando

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

17. INFORMANT (ADDRESS) Salvatore Cavataio
3723 Cottage

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 31, 1938

19. FUNERAL DIRECTOR P. Miceli & Son (ADDRESS) 1133 No. Kingshighway Bl.

20. FILED JAN 29 1938 J. F. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Jan. 27 1938
I last saw h. er alive on Jan. 27 1938. Death is said to have occurred on the date stated above, at 3:30 P. m.

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

Chronic Myocarditis Date of onset General
years ago

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify (Signed) A. J. Kleykamp M. D.
(Address) 3824 St. Louis

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, Arnold W. Schoene, Licensed Embalmer No. 3864

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

L. E.

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

working under my personal supervision.

Signed

Arnold W. Schoene

Licensed Embalmer No. 3864

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.)