

JAN 11 1939

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

41298
Do not use this space.

791
1008

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis..... (d) Street No. 1813 CORA..... St.
(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

(a) Residence, No. 1813 CORA..... St. 11.....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3/SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-7-30
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
8 10 13
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. Child.
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) BROOKLYN
(STATE OR COUNTRY) N.Y.

13. NAME COSTANTE MENGHINI

14. BIRTHPLACE (CITY OR TOWN) AUSTRIA
(STATE OR COUNTRY)

15. MAIDEN NAME Olivia Ravei

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

17. INFORMANT J. Mc Leven
(ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Dec 27 1938

19. FUNERAL DIRECTOR (NAME) Kraeger-Voss-Fix
(ADDRESS) 3402 N. Kingshighway

20. FILED DEC 28 1938 J. B. Biedler
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20 1938

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1938, to December 20, 1938

I last saw him alive on December 20, 1938. Death is said

to have occurred on the date stated above at 7:50 p.m.

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

Hodgkins Disease Date of onset Indef.

Other contributory causes of importance:
Anemia, secondary, aplastic Nov.

Name of operation None Date of.....

What test confirmed diagnosis? B. & P. S. T. 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) Stanley H. Hammond, M. D.

(Address) 4932 Maryland Ave

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Albert J. Hoppa

Licensed Embalmer No. 2971

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.