DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 701

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41611

Primary Registration District No.

Registrar's No. 10734

1. PLACE OF DEATH: 1003

(a) County 1

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 49 days (Specify whether years, months or days)

In this community 33 years

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 500 Talcott
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna Tivoli 140

3. (b) If veteran, name war --------

3. (c) Social Security No. --------

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Raphel Tivoli

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased September 16, 1906 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
33	2	29	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife 6

11. Industry or business Work at home 7

FATHER
12. Name Michael Muich
13. Birthplace unknown (City, town, or county) Yugoslavia (State or foreign country) 7

MOTHER
14. Maiden name Barbara (unknown)
15. Birthplace unknown (City, town, or county) Yugoslavia (State or foreign country)

16. (a) Informant's own signature Raphael Tivoli

(b) Address 500 Talcott

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P Miceli-Son

(b) Address 1150 No. Kingshighway

19. (a) DEC 16 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1939 hour 12 40 PM minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on 12/15/39, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Lobar Lung abscess

Due to Tularemia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature A Bonniccson MD (M. D. or other)

Address Senior Interne Date signed 12/15/39

(Licensed Embalmer's Statement on Reverse Side) Christian Hosp.

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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

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