DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8768

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2251

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1634 N 19 th St.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1634 N. 19 th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 33 years.

3. (a) PRINT FULL NAME Antonino La Rosa

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna La Rosa

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct (Month) 28 (Day) 1865 (Year)

8. AGE: Years 74 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Campobello Di Mazzara Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Vito La Rosa
13. Birthplace Campobello Di Mazzara Italy
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Antonina Magiapacina
15. Birthplace CampobelloDiMazzara Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Luca Naturro
(b) Address 1634 N. 19th st

17. (a) B Burial (Burial, cremation, or removal) (b) Date thereof March 7, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P Miceli - Son
(b) Address 1150 N Kingshighway

19. (a) MAR 6 1940 (Date received local registrar) (b) J F Broeckel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1940 hour 7 minute 15 p M.

21. I hereby certify that I attended the deceased from March 1st, 1940, to Mar. 4, 1940 that I last saw him alive on Mar. 1st, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus with gangrene of both feet.

Due to

Due to

Other conditions Senility
(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 C. E. Williamson (M. D. or other)
Address 6336 Clayton Road Date signed 3/5/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19811

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 with the above constitutes grounds for revocation of license.)

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