DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13547

FILED MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3749

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:
1431 N. 19th St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1431 Union Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Nellie Porcelli 624

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Guiseppi Porcelli

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

7. Birth date of deceased May 22. 1873
(Month) (Day) (Year)

8. AGE: Years 66 | Months 11 | Days 2 | If less than one day hr. min.

9. Birthplace Italy 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housework 7

11. Industry or business

FATHER
12. Name Vito Cottoni 7
13. Birthplace Italy
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Domenica LoDuca
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Angelo Porcelli
(b) Address 1431 N. 19th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26. 40
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Russell - Nelson
(b) Address 1431 Union Blvd.

19. (a) APR 25 1940 (Date received local registrar) (b) J. F. Bredak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24
year 1940 hour 12.30 minute p. M.

21. I hereby certify that I attended the deceased from Jan 1936
~~4/24~~, 19 , to 4/24, 1940;
that I last saw her alive on 4/23, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	4 yrs.
Due to	
Due to	
Other conditions: Chronic nephritis (Include pregnancy within 3 months of death)	4 yrs.

Major findings:
Of operations
Of autopsy

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 Jos. P. Berman (M. D. or other)
Address 1225 - No. Grand Date signed 4/24/40

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

I X19511

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.....

Licensed Embalmer No. 2915

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.