

JUL 15 1940

S. No. 2
-11-10-39
5-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22804

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1166

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Carrollton, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 189 days
(Specify whether years, months or days) 14 years

3. (a) PRINT FULL NAME MARY TOTRA 360

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Totra 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 28 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Emanuel

18. Birthplace _____ (City, town, or county) Italy (State or foreign country)

14. Maiden name Renata Longo

15. Birthplace _____ (City, town, or county) Italy (State or foreign country)

16. (a) Informant Koch Hosp. Records
(b) Address Koch, Mo.

17. (a) Burial (Burial, cremation, or removal) _____ (b) Date thereof 6/20/40
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. V. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) JUN 19 1940 (Date received local registrar) Dr. R. M. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1216a Park Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 33 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1940 hour 7:15 minute a. M.

21. I hereby certify that I attended the deceased from 12-9-1939 to 6-18-1940
that I last saw her alive on 6-18-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 1 yr.

Due to _____
Due to _____

Other conditions Diabetes Mellitus 9 yrs.
(Include pregnancy within 3 months of death)
Latent Tuberculosis

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

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? No
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature B. Friedman (M. D. or other) MD
Address Koch Hosp., Koch, Mo Date signed 6-18-40

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

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

L. R. Cooper

Licensed Embalmer No.

2633

P. O. Address

2317 Lafayette

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.