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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22852

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1140

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town ~~St. Louis~~ Rich Hgts.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Yes

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. 6348 So. Rosebury (If rural, give location)
(e) If foreign born, how long in U. S. A.? About 23 Years years.

3. (a) PRINT FULL NAME Josephine Misita 230
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mauro Misita
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 29. 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	10	15	hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
12. Name Salvatore Tumsnaro (FATHER)
13. Birthplace Italy (City, town or county) (State or foreign country)
14. Maiden name Caralino Tumsnaro (MOTHER)
15. Birthplace Italy (City, town, or county) (State or foreign country)
16. (a) Informant Mr. Mauro Misita
(b) Address 6348 So. Rosebury
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6. 17. 40 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter Cemetery
18. (a) Signature of funeral director Paul C. Calcaterra
(b) Address 5642 Bogy
19. (a) JUN 15 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th year 1940 hour 8 48 minute P. M.
21. I hereby certify that I attended the deceased from June 10, 1940, to June 13, 1940 that I last saw her alive on June 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(Myocardial Cardiac Failure)	1 yr
Due to Asthma - 93	18 years
Due to	
Other conditions (Include pregnancy within 3 months of death) Poly cythemia	
Major findings: Of operations: Splenolymphadenitis	
Of autopsy Enlarged heart - Fibrosis Both lungs - Kidneys Enlarged	

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 Leo J. Keller (M. D. or other)
Address 8105 Bonhomme Blvd. Date signed 6/17/40

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address _____

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

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