

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30461

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7738**

EXPIRES OCT 25 1940

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 916 N. 13th 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 28 years.
years, months or days

3. (a) PRINT FULL NAME Santa Sirna

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 Gaetano Sirna

6. (c) Age of husband or wife if alive 1870 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Abt. 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Antonio Curmano

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

14. Maiden name Unknown

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

16. (a) Informant Tony Sirna
(b) Address 916 N. 13th St.

17. (a) Burial (b) Date thereof Sept. 17. 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Joseph J. ...
(b) Address 1431 Union Blvd.

19. (a) SEP 16 1940 (b) J. J. ...
(Date received local registrar) (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. 916 N. 13th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 28 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1940 hour 10. minute 45 P.M.

21. I hereby certify that I attended the deceased from May 11 1939, to Sept 10 1940, that I last saw her alive on Sept. 13 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus
Acute myocarditis

Duration Two weeks

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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) _____
(c) Means of injury _____

23. Signature John J. ... (M. D. or other) _____
Address 24702 Carter Ave. Date signed 9-16-40

(Licensed Embalmer's Statement on Reverse Side)

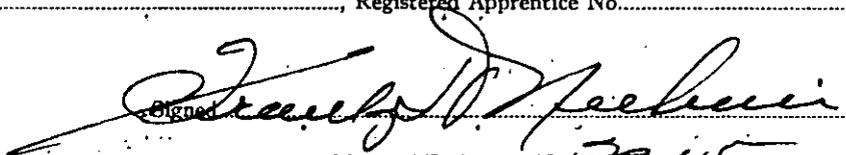
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

W0222

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, fact should be so stated above.