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3-40  
7-39  
X23

JAN 15 1941  
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: 2018 Edwards 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 Yes  
years, months or days

3. (a) PRINT FULL NAME Louis Rolfi

3. (b) If veteran, name war NO

3. (c) Social Security No. 489-05-4540

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Antonia Rolfi

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased 3. 18. 1878  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 21 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Carlo Rolfi

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

14. Maiden name Margaretta Belloni

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

16. (a) Informant Charles Rolfi

(b) Address 2018 Edwards St.

17. (a) Burial (b) Date thereof 12.11. 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New st. peter & Paul Cam.

18. (a) Signature of funeral director Joseph Calcaterra

(b) Address 5142 Day 9 ave

19. (a) DEC 10 1940 (b) J. H. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 13  
(If outside city or town limits, write "RURAL")

(d) Street No. 2018 Edwards St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. About 38 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th year 1940 hour 7 minute 50 M.

21. I hereby certify that I attended the deceased from Nov. 10 1940 to Dec 9 1940

that I last saw him alive on Dec 8 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Tobar Pneumonia Duration 2 weeks

Due to Chronic myocarditis with pulmonary edema 2 mo.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 108  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Joseph J. Curi (M. D. or other) \_\_\_\_\_

Address 1214 Marconi Date signed 12/10/40

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

