

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8540

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1950

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: Central Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Rose Marie Fiori

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 0

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

7. Birth date of deceased Feb. 21 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>8</u>	hr. min.

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

10. Usual occupation Child

11. Industry or business

12. Name Virgel Fiori

13. Birthplace Tontitton / Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Delphia Smith

15. Birthplace 76 Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Virgel Fiori

(b) Address Baden Station R. 3 Box 478

17. (a) Burial (b) Date thereof March 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brazeau Mo.

18. (a) Signature of funeral director Diedrich Funeral Home

(b) Address 8319 Halls Ferry Rd.

19. (a) MAR 1 1941 (b) J. Thredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Columbia Bottoms Mo.
(If outside city or town limits, write "RURAL") NR0

(d) Street No. Baden Station R. 3 Box 478
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 28 day
year 1941 hour 11 minute P.

21. I hereby certify that I attended the deceased from Feb 21, 1941, to Feb 27, 1941;
that I last saw her alive on Feb 27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cyanide poisoning
Duration 8 days

Due to Asphyxiation at birth

Due to 151

Other conditions 151
(Include pregnancy within 3 months of death)

Major findings: 151
Of operations 151
Of autopsy No 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?

(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 151

23. Signature W. A. Thredack (M. D. or other)
Address 8201 N. Bradley Date signed 7/28/41

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

Arthur P. Dieckhoff
Licensed Embalmer No. *3536*

P. O. Address

St. Louis

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.