

No. 2
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17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12651

FILED MAY 13 1941
7911

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 3081

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00
(c) City or town St. Louis, MO. (If outside city or town limits, write "RURAL")
(d) Street No. 5115 Wilson Ave (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena Restivo

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 Widowed

6. (b) Name of husband or wife Anthony Restivo 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Dec. 10. 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 3 27 hr. min.

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

10. Usual occupation House Wife

11. Industry or business Unknown

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

14. Maiden name Marian De Prima
15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Vencent Restivo
(b) Address 5115 Wilson Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 9 1941 (Month) (Day) (Year)
(c) Place: burial or cremation New St Peter & Paul

18. (a) Signature of funeral director Paul C Calcesteria
(b) Address 5142 Daggett Ave

19. (a) APR - 8 1941 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6.
year 1941 hour 5:55 minute P/ M.

21. I hereby certify that I attended the deceased from April 3. 19 41 to April 6. 19 41;
that I last saw h or alive on April 6. 19 41;
and that death occurred on the date and hour stated above.

Immediate cause of death Agamulocytosis
Due to _____
Due to _____

Other conditions ulcerative enteritis
(Include pregnancy within 3 months of death)
hemopericardium &
Major findings Of operations hem. thorax
Of autopsy _____
Duration _____
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 W. M. Fitzgerald (M. D. or other) 4/11/41
Address 1515 Lafayette Ave. Date signed _____

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.....

G. 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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.