

No. 2
4-13-40
5-17-39
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FILED JUL 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19861
4673
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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:
1106 Linton Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community U.S. 27 yrs. City 16 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 917
(If outside city or town limits, write "RURAL")
(d) Street No. 1106 Linton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 27 yrs 0 years.

3. (a) PRINT FULL NAME Orsola Odorizzi

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. 2 widowed
6. (b) Name of husband or wife husband Bert. 6. (c) Age of husband or wife if alive 1861 years
7. Birth date of deceased. June 3, 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 15 hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Dont Know
13. Birthplace Austria (City, town, or county) (State or foreign country)
14. Maiden name Dont Know
15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Olivia Dallavis
(b) Address 1106 Linton Ave.

17. (a) Burial (b) Date thereof 6/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary cemetery

18. (a) Signature of funeral director W. G. Stock

(b) Address 17 E. Grand

19. (d) JUN 4 1941 (Date received local registrar) (e) W. G. Stock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1941 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 27th
1941, to June 3rd 1941;
that I last saw her alive on June 3rd 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

Due to unknown

Due to Arteriosclerosis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations PT. A. C.
Of autopsy 8

Duration 1 week
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. G. Stock (M. D. or other)

Address 424 W. Rossand Date signed 6/24/41

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

10
7
9

4/3 06

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 *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.