No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 20277

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5089

**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 1Mo.4 Days (Specify whether In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 172

(d) Street No. 4383 Bates St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? - 0 years.

3. (a) PRINT FULL NAME Rosie Tortella

3. (b) If veteran, name war

3. (c) Social Security No. 488-10-7371

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Annibale

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Dec. (Month) 8 (Day) 1891 (Year)

8. AGE: Years 42 Months 6 Days 11 If less than one day hr. min.

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

10. Usual occupation Seamstress

11. Industry or business Bonds Clothing Store

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

MOTHER
14. Maiden name Ninfa
15. Birthplace (City, town, or county) Italy (State or foreign country)

16. (a) Informant A. Tortella
(b) Address 4383 Bates St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wacker-Heldorle
(b) Address 3634 Gravois Ave.

19. (a) JUN 21 1941 (Date received local registrar) (b) J. F. Bridwell (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 19. year 1941 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from May 16, 1941 to June 19, 1941; that I last saw her alive on June 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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

23. Signature W. D. Hawker (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 6/20/41

(Licensed Embalmer's Statement on Reverse Side)

## 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 J. Hyland

Licensed Embalmer No. 9645

P. O. Address St Louis Mo

**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.**