

No. 2  
1-4-41  
5-17-39  
X25390

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS  
FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **29433**  
Registrar's No. **1765**

Registration District No. **784**

Primary Registration District No. **200**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Koch**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Robert Koch Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 months 18 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** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5334 Northrup** **9**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **24**  
year **1941** hour **12** minute **30 A.M.**  
21. I hereby certify that I attended the deceased from **6**  
**6**, 19**41**, to **8-24**, 19**41**;  
that I last saw her alive on **8-24**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Preliminary Tuberculosis**  
Duration  
Due to **1941**  
Due to

Other conditions **Diabetes Mellitus, 60**  
(Include pregnancy within 3 months of death)  
**pyelonephritis, cystitis**  
Major findings 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 **William Stamba** (M. D. or other) **1**  
Address **Robert Koch Hospital** Date signed **8-24-41**

3. (a) PRINT FULL NAME **Adele Garavaglia**  
3. (b) If veteran, name war  
3. (c) Social Security No. **None**

4. Sex **F** 1 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Husband** 6. (c) Age of husband or wife if alive **Dead** years  
7. Birth date of deceased **8** (Mouth) **9** (Day) **24** (Year)

8. AGE: Years **57** Months **15** If less than one day hr. min.

9. Birthplace **Milan** **5** Italy (City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

11. Industry or business  
12. Name **Charles Barbaglia**  
13. Birthplace **Milan** **5** Italy (City, town, or county) (State or foreign country)  
14. Maiden name **Rosie Columbo**  
15. Birthplace **Milan** **5** Italy (City, town, or county) (State or foreign country)

16. (a) Informant **Robert Koch Hospital Records**  
(b) Address **Koch, Mo.**  
17. (a) Where buried or cremated **St. Peter** (b) Date there **Aug 27 1941** (c) Place: burial or cremation **St. Peter**  
**St. Peter** (City or town) (County) (State) (Month) (Day) (Year)

18. (a) Signature of funeral director **W. D. Daggert**  
(b) Address **3142 Daggert Ave**  
19. (a) **AUG 25 1941** (b) **E. G. Garavaglia** (Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

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

2  
0  
0

**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..... *J. W. Wilkins*  
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.**