

No. 2  
-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30087  
7426  
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4051 Labadie Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Antonietta Asaro  
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 Single

6. (b) Name of husband or wife None  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 15, 1938  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 6 28 hr. min.

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

10. Usual occupation Nihil.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Joe Asaro.  
13. Birthplace Italy  
(City, town, or county) (State or foreign country)  
14. Maiden name Francois Spravale  
15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Asaro  
(b) Address 4051 Labadie Ave.

17. (a) Burial (b) Date thereof Sept. 15, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of Joe Asaro  
(b) Address 1431 Union Blvd.

19. (a) SEP 14 1941 (b) J.P. Buddeck  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4051 Labadie Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13  
year 1941 hour 8:30 minute a. M.

21. I hereby certify that I attended the deceased from 9/11, 1941, to 9/13, 1941;  
that I last saw her alive on 9-13, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia  
primary Duration 2 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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 Joe P. Bermann (M. D. or other) 0  
Address 1225 - no. grand Date signed 9/13/41

**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 *Allen Davis*

Licensed Embalmer No. *4058*

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.**