

FILED JAN 27 1942

Registration District No. 784

Primary Registration District No. 270

Registrar's No. 129

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6119a Ella Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6119a Ella Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME THERESA (ROGGIE) RAGGI.

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 Married

6. (b) Name of husband or wife Frank Raggi 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased July 17, 1866.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 5 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife at home.

MOTHER FATHER

12. Name Giovanna Costelli.

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

14. Maiden name Augustine Buongiorno.

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

16. (a) Informant Miss Gussie Raggi.

(b) Address 6119a Ella Ave.

17. (a) Burial (b) Date thereof 1-17-1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) JAN 16 1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th.  
year 1942 hour 6 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan. 9  
1942 to Jan. 15 1942  
that I last saw her 69 alive on 1/14/42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death CARBONIC MYOCARDITIS

Due to 932

Due to .....

Other conditions Acute Bronchitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations .....

Of autopsy .....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.

(b) Date of occurrence No.

(c) Where did injury occur? No.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
No.

While at work? No. (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other)

Address 399 W. Thompson Date signed 1/15/42

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

96  
6  
e

Dr. Paul H. Bernstorff.  
3919 West Florissant Ave.  
1-3 P.M. 8-8 P.M.  
Goodfellow 3080

---

---

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 3454

David C. Gibson Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. 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.**