S. No. 2
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5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

25712

State File No. 6962

Registrar's No.

00
17
9

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

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5229 Wilson 1
(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: 000

(a) State Mo (b) County 17 13

(c) City or town St Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5229 Wilson
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Brusati

3. (b) If veteran, name war 0

3. (c) Social Security No. 0

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 1 (Day) 1905 (Year)

8. AGE: Years 37 Months 6 Days 18. If less than one day hr. min.

9. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Charles Brusati
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Rosa Gauldoni
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Charles Brusati
(b) Address 5229 Wilson St Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter Paul Cem

18. (a) Signature of funeral director Paul C Calcaterra
(b) Address 5142 Daggett Ave

19. (a) AUG 19 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th year 1942 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from May 1st 1942 to August 18 1942 that I last saw her alive on August 17 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition from loss of appetite — Duration 3 mos.

Due to Feeblemindness since Birth

Due to

Other conditions (Include pregnancy within 3 months of death) 0 H

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Charles Montani (M. D. or other) M.D.
Address 5147 Daggett Ave Date signed 8-18-42

(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 Paul C Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.