V. S. No. 2
0M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8305

FILED APR 3 1943 318 1003

State File No.

Registration District No. Primary Registration District No. Registrar's No. 2923

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 3607 Market 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 41 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town St Louis 918 (If outside city or town limits, write "RURAL")

(d) Street No. 3607 Market St (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ROSE FORNERO BOGGIO GAUDINO

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife Charles

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

7. Birth date of deceased Oct 6 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Mrs. Theresa Berta

(b) Address 3607 Market St

17. (a) burial (Burial, cremation or removal) (b) Date thereof Mar 29 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Old St Peter & Paul

18. (a) Signature of funeral director Paul C Calcaterra

(b) Address 5142 Daggett ave

19. (a) MAR 27 1943 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 13 1943 to March 25 1943 that I last saw her alive on March 20 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Euremic Coma	
Due to Cronic nephritis	
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? ~~St Louis Mo~~ (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 J H Walton MD (M. D. or other)

Address 5 36 N Taylor Date signed 3-27-43

(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.....

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.