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S. No. 2  
M-9-4-41  
5-17-39

11836

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 3629

FILED APR 28 1943  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_

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

(d) Street No. 3868 Park Ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME A Nastasia Asterino (Rotello)

MEDICAL CERTIFICATION

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month April day 17,  
year 1943 hour 4:15 minute \_\_\_\_\_ A. M.

4. Sex Female / race White

5. Color or race \_\_\_\_\_

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

21. I hereby certify that I attended the deceased from April 13, 1943, to April 17, 1943  
that I last saw her alive on April 17, 1943  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Vincent

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

7. Birth date of deceased: June 1st. 1871  
(Month) (Day) (Year)

Immediate cause of death doba pneumonia

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>10</u>	<u>16</u>	hr. _____ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions arteriosclerotic heart disease  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Nick Rotello

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

14. Maiden name ANASTASIA ?

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

16. (a) Informant Anthony La Rose

(b) Address 1003 Washington St Madison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of Harrison & Sheahan Und Co

(b) Address 4415 Washington Blvd.

19. (a) APR 19 1943 (Date received local registrar) J. F. Bredes (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Refused

Duration \_\_\_\_\_

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) \_\_\_\_\_

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 D

23. Signature Gray Fairber (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette Avenue Date signed 4/17/43

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**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.....

*Esy W Wilkinson*

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.**