

ED MAY 14 1943

Registration District No. **818**

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**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**2139a Cass 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 **36 years** (Specify whether  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL.")  
 (d) Street No. **2139a Cass Ave.**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country **Italian**

**3. (a) PRINT FULL NAME** **Rosa La Fata**  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **May**, day **3**,  
 year **1943** hour **7:00** minute \_\_\_\_\_ P. M.  
**21. I hereby certify that I attended the deceased from**  
**4-27-** 19**43** to **5-3-** 19**43**  
 that I last saw her alive on **5-2-** 19**43**  
 and that death occurred on the date and hour stated above.

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced, widowed**  
**6. (b) Name of husband or wife** **Vincenzo** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **November 11 1879**  
(Month) (Day) (Year)

Immediate cause of death  
**Cardiac Apoplexy** **Duration 5/3/43**  
 Due to **Myocardial Infarction** **4/27/43**  
**Coronary Thrombosis** "  
 Due to **Auricular Fibrillation** "  
**Cardiac Decompensation** "  
 Other conditions **Hypertension Malignant** **12/12/41**  
(Include pregnancy within 3 months of death)

**8. AGE:** Years Months Days If less than one day  
**63 5 22** hr. \_\_\_\_\_ min.

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

**10. Usual occupation** **Housewife**

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

**12. Name** **Francesco Canavo**  
**13. Birthplace** **Partnico Italy 5**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Mariano Amato**  
**15. Birthplace** **Partnico Italy 5**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Jermie Caloni**  
**(b) Address** **2203<sup>rd</sup> Cass Ave**

**17. (a) Burial** **Calvary Cemetery** **(b) Date thereof** **May-7-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**18. (a) Signature of funeral director** **P. Nicoli - Son**  
**(b) Address** **1150 N. Kingshighway Blvd.**

**19. (a) MAY 6 1943** **(b) J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

**Major findings:** **9/3**  
 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)** **None**  
**(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?**  
**no**  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** **Nicholas Vitale** (M. D. or other) **MD**  
**Address** **3861 Shoma Ave.** **Date signed** **7/3/43**

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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 Arnold W. Schoene  
Licensed Embalmer No. 3864  
P. O. Address St. Louis, 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.**