S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22801

FILED JUL 24 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6113

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: LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 HRS. 15 MIN (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County 0

(c) City or town ST. LOUIS 1
(If outside city or town limits, write "RURAL")

(d) Street No. 318 W. ESPENSHIED
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME INFANT GIRL BONACCORSI

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased 7 (Month) - 14 (Day) - 43 (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. 15 min.

9. Birthplace ST. LOUIS (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name ANTHONY BONACCORSI
13. Birthplace ST. LOUIS (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name MILDRED LOSH
15. Birthplace ST. LOUIS (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant ANTHONY BONACCORSI

(b) Address 318 W. ESPENSHIED

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 16 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) JUL 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 14 year 1943 - 1 hour 35 minute A M.

21. I hereby certify that I attended the deceased from 7-13-43, 19, to 7-14, 1943 that I last saw her alive on 7-14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature Parturition	6½ mo.
Due to: Cause Unknown	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Breach Delivery	
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

23. Signature Julius Chr Kalla (M. D. or other) MD

Address 2603 Chemkie Date signed 7-15-43

(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 Sam C Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5140 Daggett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.