

S. No. 2
4-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30147

State File No.

Registrar's No. **8523**

Registration District No. **318**

Primary Registration District No. **1000**

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:
Christian Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **2 weeks.**
(Specify whether
In this community..... **50 years.**
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..... **1323a N. 14th ST**
(If rural, give location)
(e) Citizen of foreign country?..... **yes** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Rosalie Licavoli.**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widow.**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **June 1st, 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 3 24 hr. min.

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

10. Usual occupation **Housework.**

11. Industry or business.....

12. Name **Salvatore DiMercurio.** ✓

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

14. Maiden name **Josephine Giananco.**

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

16. (a) Informant **Vincent Licavoli**
(b) Address **1325 N. 14th S t.**

17. (a) **Burial** (b) Date thereof **Sept. 28, 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Samuel Nichols**

(b) Address **1431 Union Blvd.**

19. (a) **SEP 27 1943** (Date received local registrar) **J. F. Bisset** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **25**
year **1943** hour **4.** minute **50** p. M.

21. I hereby certify that I attended the deceased from **Sept 7**
1943 to **Sept. 25** **1943**
that I last saw her alive on **Sept 25** **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Exhaustion and Cholera**
Due to **Cancer of bile ducts and liver and elements nephritis**
Due to

Other conditions (Include pregnancy within 3 months of death) **HT**

Major findings: Of operations.....

Of autopsy.....

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) (e) Means of injury.....
23. Signature **Dr. Truman Shesman, M.D.** (M. D. or other) **306 N Grand** Date signed **9/27/43**

Duration
Physician
Underline the cause to which death should be charged statistically.

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

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 *J. W. Koehler*.....
Licensed Embalmer No. *3880*.....

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.