

FILED DEC 22 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  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days  
(Specify whether \_\_\_\_\_)  
In this community 24 years.  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 714a Cole St.  
(If rural, give location)  
(e) Citizen of foreign country? Yes. (Yes or No)  
If yes, name country Italy

3. (a) PRINT FULL NAME Rosae Leto

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
7. Birth date of deceased November 17 1903  
(Month) (Day) (Year)

8. AGE: Years 40 Months 0 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Anthony Radosta

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

14. Maiden name Frances

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

16. (a) Informant Dominick Leto  
(b) Address 7149 Cole St.

17. (a) Burial (b) Date thereof Dec. 10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Our Lady Cemetery

18. (a) Signature of funeral director J. M. ...

(b) Address 1150 N. Kingshighway Blvd.

19. (a) DEC 8 1943 (b) J. F. Brudek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7, year 1943 hour 1 minute 20 P.M.  
21. I hereby certify that I attended the deceased from Nov. 22, 1943, to Dec 7, 1943  
that I last saw her alive on Dec. 7, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death RHEUMATIC HEART DISEASE  
CARDIAL DECOMPENSATION  
PULMONARY THROMBOSIS

Duration

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? \_\_\_\_\_ (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 \_\_\_\_\_

Signature M. E. Abney (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed 12/7/43

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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.**