

S. No. 2
M-5-42
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41830

FILED JAN 10 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 387

16
1
4

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days) 31 yrs.

3. (a) PRINT FULL NAME Catherine S. Briggman

3. (b) If veteran, name war No

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive 8 years (Month) Oct (Day) 8 (Year) 1912

8. AGE: Years 31 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. MOTHER FATHER

12. Name John Sciortino

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

14. Maiden name Josephine La Mantia

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

16. (a) Informant Miss Rose Sciortino

(b) Address Cape Girardeau Mo.

17. (a) Burial (b) Date thereof Dec 6 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem

18. (a) Signature of funeral director Walthub Und. Co.

(b) Address Cape Girardeau Mo.

19. (a) 12-4-43 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 339 So Frederick
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12/2/43
year 1943 hour 5 minute 35 p. M.

21. I hereby certify that I attended the deceased from 12/1/43 19 to 12/2/43 19
that I last saw h. alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Embolus.

Due to Pregnancy!

Other conditions Child Birth
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Forceps delivery

Of operations 1478

Of autopsy 1478

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)

Means of injury Asphyx

23. Signat. Cape Girardeau (M. D. or other) W.D.

Address Cape Girardeau Date signed 12/2/43

RECEIVED

District Health Officer No. 4
District File Number 144-3159
Date Filed 1-2-44

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 Virgil W. Kelch
Licensed Embalmer No. 4102
P. O. Address Cape Girardeau - 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.