V. S. No. 2
0M—8-43
ev. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1944

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23427

Primary Registration District No. 1003

Registrar's No. 6295

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis 96
(c) City or town Shrewsbury 15 (If outside city or town limits, write "RURAL")
(d) Street No. 5101 Deville (If rural, give location) NR
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Sieli, Rose
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 O
6. (b) Name of husband or wife Dominic Sieli
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May (Month) 10 (Day) 1890 (Year)
8. AGE: Years 54 Months 2 Days 4 If less than one day hr. min.
9. Birthplace (City, town, or county) Italy (State or foreign country) 5
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Joseph Moustriowmni
13. Birthplace (City, town, or county) Italy (State or foreign country) 5
MOTHER 14. Maiden name Theresa Rota
15. Birthplace (City, town, or county) Italy (State or foreign country) 5
16. (a) Informant Dominic Sieli
(b) Address 5101 Deville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/44 (Month) (Day) (Year)
(c) Place: burial or cremation New Ss. Peter & Paul
18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester
19. (a) JUL 16 1944 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1944 hour one minute 20 p. M.
21. I hereby certify that I attended the deceased from 6-14-44, 19..., to 7-14-44, 19...; that I last saw her alive on 7-14-44, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis 3	10 d
Due to: Post operative Vaginal hysterectomy for	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Chronic pelvic inflam. disease
Of autopsy: Generalized Peritonitis 3

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 Alexander Russell, M.D. (M. D. or Coroner)
Address 1325 S. Grand Date signed 7/15/44
St. Louis, Mo

(Licensed Embalmer's Statement on Reverse Side)
Alexander Russell, M.D.

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 John Agonacki

Licensed Embalmer No. 3398

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.