S. No. 2
M—5-43
5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23253

FILED AUG 4 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3189

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K C

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

(c) Name of hospital or institution: 511 Harrison 1

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

(d) Length of stay: In hospital or institution (Specify whether In this community) 35 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K C

(If outside city or town limits, write "RURAL")

(d) Street No. 511 Harrison

(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME RALPH TOSTI TOSTO

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Chiara Tosto

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct (Month) 15 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
73	9	11	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Carmeno ~~Tosti~~ Tosto

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

14. Maiden name Rosaria Piscitella

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

16. (a) Informant Sam ~~Tosti~~ Tosto

(b) Address 145 N Van Brunt

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/45 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Sebbeto's

(b) Address 901 E 5th

19. (a) 7-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th year 1945 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 23, 1945, to July 26, 1945, that I last saw him alive on July 24, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema (acute) — Duration

Due to Chronic hypertensive heart disease

Due to

Other conditions (Include pregnancy within 3 months of death) Cerebral hemorrhage + left paraplegia

Major findings: Of operations

Of autopsy 93d

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 Louis C. Fox (M. D. or other)

Address 2300 Holmes St Date signed 7/28/45

(Licensed Embalmer's Statement on Reverse Side)

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

Cause by ill

MOTHER FATHER

Fan'ey
Deceased
8:30 P.M. 7-26-

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 Ray E Snow

Licensed Embalmer No. 2560

P. O. Address K C 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.

State of Missouri } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 23253-KS
Local Registrar's No. 3189

On this 3rd day of March, ~~194~~ 1952, before me appears Sam Tosto, who, upon his oath, states that the original record of ~~birth~~ death for Ralph Tosti ~~born~~ died 7-26-, 19~~45~~, in the State of Missouri, and which was filed at Kansas City, Mo. on 7-28-, 19~~45~~, should be corrected as follows:

Item No. 3 should read Ralph TOSTO
Instead of Ralph Tosti

Item No. 6 should read CHIARA TOSTO
Instead of Clara Tosti

Item No. 12 should read Carmeno TOSTO
Instead of Carmeno Tosti

Item No. 16a should read Sam TOSTO
Instead of Sam Tosti

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Sam Tosti
Relationship Son

145 North Van Brunt, K.C. Mo.
Present Address.

Subscribed and sworn to before me this 3rd day of March, 1952

My Commission expires Oct. 21, 1955 Cairus M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817

1945
S-23253