

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7051

State File No.

Registration District No. **318**

Primary Registration District No.

Registrar's No. **1852**

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:
City Hospital #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.....
years, months or days) Annibale, Tortella

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County..... 0-0

(c) City or town. St. Louis
(If outside city or town limits, write "RURAL") 2317

(d) Street No. 2722a Henrietta St.
(If rural, give location) 9

(e) Citizen of foreign country?..... (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME ANNA BALGA TORTELLA

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Lucille Dixon Tortella 6. (c) Age of husband or wife if alive. 45 years

7. Birth date of deceased March 29 1894
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1947 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from 30 Jan 1947, to 22 Feb 1947
that I last saw him alive on 21 Jan 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

52 10 23 hr. min.

Immediate cause of death. Carcinoma of left main stem bronchus - lung CT.

Duration

Due to.....

Other conditions (Include pregnancy within 3 months of death) H7

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

10. Usual occupation. Barber

11. Industry or business. Himself

12. Name. Dont Know

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

14. Maiden name. Dont Know

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

16. (a) Informant. Mrs. Lucille Tortella
(b) Address. 2722a Henrietta St.

17. (a) Burial (b) Date thereof. 2-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. New St. Marcus Cem.

18. (a) Signature of funeral director. Cullinane Bros.
(b) Address. 3320 N. Kingshighway Blvd.

19. (a) FEB 24 1947 J. J. Brewer
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.....

Of autopsy: As above

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?

23. Signature Robert E. Soch (Af. D. or other) 0
Address City of St. Louis Date signed 2/22/47

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

MOTHER FATHER

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

Fred Frick

Licensed Embalmer No.....3186

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.