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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11575

State File No.

FILED MAR 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2203

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: 2230 Edwards

(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 13

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

(d) Street No. 2230 Edwards St (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Stertz

3. (b) If veteran, name war no

3. (c) Social Security No. 500-16-0824

4. female

5. Color or race white

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

6. (b) Name of husband or wife John Stertz

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

7. Birth date of deceased Nov (Month) 22 (Day) 1911 (Year)

8. AGE: Years 35 Months 4 Days 12 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Enrico Bossi 5
13. Birthplace Italy (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Marchesi
15. Birthplace Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant John Stertz
(b) Address 2230 Edwards

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Mar 6 (Month) (Day) (Year) 1947

(c) Place: burial or cremation St Peter & Paul

18. (a) Signature of funeral director Thos C Calcaterra
(b) Address 5142 Daggett

19. (a) MAR 4 1947 (Date received local registrar) (b) J. F. Brenick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1947 hour 11 minute 300 M.

21. I hereby certify that I attended the deceased from 2/3 1947 to 3/3 1947 that I last saw her alive on 3/3 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ac. Hepatitis	6 wks
Due to Cirrhosis of liver	1 yr
Due to Ch. Alcoholism	yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

124 a

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) 0

While at work? (e) Means of injury

23. Signature L. A. Millikan (M. D. or other) M.D.

Address 2608 S. Kingshighway Date signed 3/4/47

(Licensed Embalmer's Statement on Reverse Side)

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 Paul C Calcaterra

Licensed Embalmer No. 2376

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.