

S. No. 2
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96
2739 K. Shaw

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15998
Registrar's No. 949

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH
(a) County St. Louis
(b) City or town ~~St. Louis~~ Rural
(c) Name of hospital or institution: Halls Ferry Memorial Home
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mariangela Sottili
3. (b) If veteran, name war -
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 23
year 1947 hour 1 minute 40 P. M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Sottili
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 13 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 21 1946 to April 23 1947
that I last saw her alive on April 23 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 11 10 hr. min.

Immediate cause of death Cerebral Hemorrhage
Due to Arterial Sclerosis
Duration 430

9. Birthplace Italy (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name (?) Grisera
13. Birthplace Italy (State or foreign country)
14. Maiden name Unknown
15. Birthplace (State or foreign country)

PHYSICIAN
Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Peter Rossomanno
(b) Address 7252 Gayola Pl. Maplewood
17. (a) Burial (b) Date thereof 4/26/47
(c) Place: burial or cremation Calvary Stroot-Carroll
18. (a) Signature of funeral director
(b) Address 4600 Natural Bridge Ave.
19. (a) 4-28-47 (b) Cecil J. Shaw
(Date of local registrar) (Registrar's signature)

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) (e) Means of injury
23. Signature T. J. Shaw (M. D. or other)
Address 2739 N. Grand Date signed 4-25-47

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..... *Ben Hoffmann*

Licensed Embalmer No. *4366*

P. O. Address *....., Md*

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.