S. No. 2
M—1/47
v. 5-17-39

#78893

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 35510

FILED NOV 7 1947

Registration District No. 318

Primary Registration District No.

Registrar's No. 9991

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff Memorial (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 Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 1024 N. 10th St. (If rural, give location) 9

(e) Citizen of foreign country? 95 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ANNA BERTE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased June 3, 1882 (Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

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

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

16. (a) Informant Catherine Berte

(b) Address 1024 N. 10th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30.47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bensiel Niehaus

(b) Address 1431 Union Blvd.

19. (a) OCT 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27th year 1947 hour 9:50 minute A M.

21. I hereby certify that I attended the deceased from 10/24/47, 19..., to Oct. 27th, 1947 that I last saw her alive on Oct. 27th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 John W. Murphy Jr. M.D. (M.D. or other)

Address 1515 Lafayette Date signed 10/27/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) JOHN W. MURPHY

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 _____

Licensed Embalmer No. 2915

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.