No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40127

FILED NOV 22 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10311

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 5340 Elizabeth
(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 060

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

(d) Street No. 5340 Elizabeth 4
(If rural, give location)

(e) Citizen of foreign country? 13 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Josephine Ruggeri

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Anthony Ruggeri

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

7. Birth date of deceased Sept (Month) 12 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
72	1	24	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Ferdinand Bazzetta 5

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

14. Maiden name Maria Ruggeri 5

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

16. (a) Informant Henry Ruggeri

(b) Address 2300 Edwards

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Paul C. Calastesa

(b) Address 5142 Daggett Ave

19. (a) NOV 8 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th year 1947 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 22, 1947, to November 6, 1947 that I last saw her alive on Nov. 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral thrombosis	
Hemiplegia	6 days
Due to: Hypertensive Cardiovascular Disease	years
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) 0

While at work? (e) Means of injury

Signature Charles Montana (M. D. or other) MD

Address 5147 Daggett Ave Date signed 11-7-47

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

APR 27 1948

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.....Earl C. Salcaterra.....

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.