

FILED MAR 29 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9818  
State File No. 2442

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoups</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoups</u> 2138	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5334 Northrup</u>		e. STREET ADDRESS (If rural, give location) <u>5334 Northrup</u>	
3. NAME OF DECEASED (Type or Print) <u>ROSA</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 12, 1895</u>	
9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Angelo Chiodini</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Spezia</u>	14. NAME OF HUSBAND OR WIFE <u>Carlo Alemanni</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carlo Alemanni 5334 Northrup</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		<u>8 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>Hypertensive Cardiovascular disease</u>		<u>3 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>442X</u>

22. I hereby certify that I attended the deceased from 4-28, 1941, to 3-12, 1951, that I last saw the deceased alive on 3-12, 1951, and that death occurred at 6:40 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles Montani MD.</u>	23b. ADDRESS <u>5147 Daggett Ave</u>	23c. DATE SIGNED <u>3-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-15-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>Mc Kenzie Rd</u>
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DATE REC'D BY LOCAL REG. <u>MAR 15 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Lester</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calcaterra 5140 Daggett</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 15 1921  
2334 Northrup  
ALEXANDER  
ALEXANDER  
2334 Northrup  
ALEXANDER

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edmond S. Penelous

Licensed Embalmer No. 4283

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.