

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County _____

Township _____

or

Village _____

or

City St. Louis(NO. 1405 N. 7th St. 4 Ward)Registration District No. 7911File No. 32738Primary Registration District No. 1003Registered No. 8433FULL NAME Annie Licavoli

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)DATE OF BIRTH Sept 20, 1909

(Month) (Day) (Year)

AGE 1 yrs. 1 mos. 9 ds.if LESS than
1 day, ____ hrs.
or ____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work None(b) General nature of industry, business, or establishment in which employed (or employer) "

BIRTHPLACE

(City or town, State or foreign country) St. LouisNAME OF FATHER Joe LicavoliBIRTHPLACE OF FATHER Italy
(City or town, State or foreign country)MAIDEN NAME OF MOTHER Mary BoneritoBIRTHPLACE OF MOTHER Italy
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Bonerito(ADDRESS) 1405 N. 7th St.Filed OCT 30 19101910Wheeler Bond
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 29th, 1910

(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from October 21, 1910, to death Oct. 29, 1910, that I last saw her alive on October 28, 1910,and that death occurred, on the date stated above, at 5:30 p.m.

The CAUSE OF DEATH* was as follows:

Broncho - PneumoniaContributory Diphtheria

(SECONDARY)

(Duration) ____ yrs. ____ mos. 8 ds.(Signed) Edwin Sauter, M. D.(Address) 1331 N. 7th St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL Calvary CemeteryDATE OF BURIAL Oct 31, 1910UNDERTAKER John C. BursickADDRESS 1138 W. 6th St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

