

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.

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

3500

PLACE OF DEATH

County _____

Township _____

Village _____

City St Louis

Registration District No. 791

File No. _____

Primary Registration District No. 1003

Registered No. 847

(NO. 917 N 11th St. St.; 5 Ward)

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

FULL NAME Eloisa Milazzo

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Jan 22, 1913
(Month) (Day) (Year)

AGE — yrs. 1 mos. 1 ds.
If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) St Louis

PARENTS
NAME OF FATHER Vincent Milazzo
BIRTHPLACE OF FATHER (City or town, State or foreign country) Italy
MAIDEN NAME OF MOTHER Annis Signorello
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Italy

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Antonio Milazzo
(ADDRESS) 917 N 11th St.

Filed JAN 24 1913 Marcel Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 23, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from January 22, 1913, to January 23, 1913, that I last saw he alive on January 23, 1913, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:
Prematurity from because
swim (14th months)
Duration) yrs. mos. ds.

Contributory (Secondary) _____
(Duration) yrs. mos. ds.

(Signed) Adrian P. Mormino M. D.
1/23 1913 (Address) 417 Franklin ave

*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 DATE OF BURIAL Jan 24, 1913
UNDERTAKER J. B. Bensch ADDRESS 1138 N 2nd St

of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative health-irious pursuits can be known. The question is asked of each and every person, irrespective of age, sex, and color, a single word or term of the first sufficient, e. g., *Farmer or Planter, Physician, Architect, Locomotive engineer, Civil engineer, Fireman*, etc. But in many cases especially in factory employments, it is necessary to know (a) the kind and also (b) the nature of the business or industry in which the person is engaged. An additional line is provided for statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton-gin*; (a) *Salesman*, (b) *Foreman*; (a) *Automobile factory*. The work done on may form part of the second statement returned: "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household and *Housekeepers* who receive a definite salary, should be recorded as *Housewife, Housework*, or *At home*, and if gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations engaged in domestic service for wages, as *Servant, Housemaid*, etc. If the occupation has been given up on account of the DISEASE CAUSING DEATH, the occupation at beginning of illness. If re-employment, that fact may be indicated thus: *Resumed, 6 yrs.* For persons who have no occupation, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with remote and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Typhoid fever" (never report "Typhoid pneumonia; Bronchopneumonia" ("Pneumonia" is indefinite); *Tuberculosis of lungs, Peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid "Tumor" for malignant neoplasms); *Measles*

Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage; as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

STATE BOARD OF HEALTH

FROM