

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City 1001**)

File No. **39814**

Registered No. **11811**

St. **3** (Ward)

2. FULL NAME

(a) Residence. No. **2218 Edwards St** 3 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **14** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 16 - 88**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 | 10 | 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housework**
(b) General nature of industry, business, or establishment in which employed (or employee)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

10. NAME OF FATHER **Tony Magendini**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

12. MAIDEN NAME OF MOTHER **Maria Antonia**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

14. INFORMANT (Address) **Dr. [Signature] City Hospital**

15. **DEC 14 1925** Filed **Max Starkoff** Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 12 1926**

17. I HEREBY CERTIFY That I attended deceased from **Dec 8 1926** to **Dec 12 1926** that I last saw him alive on **Dec 12 1926** and that death occurred, on the date stated above, at **2 - 8 - p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
DLA
CONTRIBUTORY (SECONDARY) **DLA**

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Micro**
(Signed) **R. H. Smith** M. D.
12, 19**26** (Address) **City Hospital**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Peter's** DATE OF BURIAL **Dec 15 1926**

20. UNDERTAKER **Carle Calatona** ADDRESS **1921 Cooper**

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.

WHILE LIVING, WITH CHANGING INFORMATION THIS IS A PERMANENT RECORD

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