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

Do not use this space.

16156

1. PLACE OF DEATH

County St Louis — Registration District No. 784 — File No.

Township St Ferdinand — Primary Registration District No. 6030 — Registered No.

City (No. Bussell Rd near Hells Ferry St. Ward)

2. FULL NAME Marguerite Visconti

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): January 1844

7. AGE: Years 83 — Months — — Days — — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Carlo Pangone

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

12. MAIDEN NAME OF MOTHER: Frances Garlonte

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

14. INFORMANT: Mrs. Fred Re
(Address): St Louis Co Mo

15. FILED 5-8, 1927 O. V. Schuck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/7 1927

17. I HEREBY CERTIFY, That I attended deceased from March 4, 1927, to May 7, 1927, that I last saw h. alive on May 6, 1927, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
HCF
92 hrs
Coma
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Tumor (abdominal)
(duration) 6 yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. F. Chopin, M. D
5/7, 1927 (Address) 8321 Wisley

*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: Calvary — DATE OF BURIAL: 5-9 1927

20. UNDERTAKER: Arthur J. Donnelly — ADDRESS: 2039 Wash St

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.

H O Chopin

8321 N Broadway

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Marguerite Visconti

Who died at: St. Louis Co on May 7, 1927

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

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CAUSE OF DEATH: Chronic Mitral Regurgitation

Contributory: Tumor Abdominal, Malignant Pancreas

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

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