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

Do not use this space.

22603

1. PLACE OF DEATH

County.....

Township.....

City St Louis (No. ..... St. ..... Ward)

Registration District No. 791

Primary Registration District No. 1003

File No. .....

Registered No. 6250

2. FULL NAME Paolo Urzi

(a) Residence. No. 5218 Elizabeth St., 13 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: Male

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: Orazia Rapisarda

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 3 - 1868

7. AGE: 59 YEARS | MONTHS: 5 | DAYS: 4 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Labor

(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: Joseph Urzi

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

12. MAIDEN NAME OF MOTHER: Gaita Spinella

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

14. INFORMANT: John Urzi
(Address) 5218 Elizabeth St

15. FILED JUL 8 1927, 19 May C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

17. I HEREBY CERTIFY, That I attended deceased from May 10th, 1927, to July 7th, 1927, that I last saw him alive on July 6th, 1927, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis, Chronic
Aortic regurgitation
(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Bronchial Asthma
Non Tubercular (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF ——
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) A. M. Tripodi, M. D
, 19 (Address) 744 Mo. Bldg

*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: S.S. Peter & Paul Cemetery

DATE OF BURIAL: July 9 1927

20. UNDERTAKER: Paul C. Calcaterra

ADDRESS: 1921 Cooper 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.

...ERNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD