OCT 8 1927

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

Do not use this space.

28300

1. PLACE OF DEATH

County: ST. LOUIS — Registration District No. 1123

Township: CARONDELET — Primary Registration District No. 5248 F

City: ~~St. Louis~~ (No. MT. SAINT ROSE SANATORIUM St. Ward)

File No.

Registered No. 347

2. FULL NAME: Emilie Cantoni

(a) Residence. No. 4400 St. Louis Ave. (Usual place of abode) Ward. (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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Frank Cantoni

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 28, 1879

7. AGE: Years 47 | Months 10 | Days 23 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

(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: Antonio Bottali

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

12. MAIDEN NAME OF MOTHER: Mary Martine

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

14. INFORMANT: Frank Cantoni

(Address) 4400 St. Louis Ave.

15. Filed Sept. 20, 1927 L. C. Obrad, Registrar

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1927, to Sept. 20, 1927 that I last saw her alive on Sept. 19, 1927 and that death occurred, on the date stated above, at 9:55 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

73A

CHRONIC PULMONARY TUBERCULOSIS

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

31

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Don't know

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. A. Nile, M. D.

, 19 (Address) MT. SAINT ROSE SANATORIUM

*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 Cem. — DATE OF BURIAL: Sept 21 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.