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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 31580

Township ..... Primary Registration District No. 1003 Registered No. 8915

City St. Louis (No. 4276 St. Louis Ave. St. ..... Ward)

2. FULL NAME Maria Hazel Catanzaro

(a) Residence. No. 4276 St. Louis Ave. St., 11 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 16-1899

7. AGE: Years 27 | Months 10 | Days 19 | 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): St Louis, Mo

PARENTS
10. NAME OF FATHER: Walter Bender
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis, Mo
12. MAIDEN NAME OF MOTHER: Bridget Duffy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis, Mo

14. INFORMANT: Gus Catanzaro
(Address) 4276 St. Louis Ave

15. FILED OCT -6 1927, 19..... Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 4 - 1927

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1926, to Oct. 4, 1927, that I last saw her alive on Oct. 3, 1927, and that death occurred, on the date stated above, at 12 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis 31 (duration) 1 do not Know yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Tuberculous Laryngitis (duration) 1 do not Know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1 do not Know

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Sputum

(Signed) Jaconnie Schleuber, M. D

10/5, 1927 (Address) 3515 S. Grand Bl. St. Louis Ave

*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 Cemetery | DATE OF BURIAL: Oct. 7 1927

20. UNDERTAKER: Bensiek-Niehaus | ADDRESS: 1138 N 6

Dr Slinken