

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

Do not use this space.

34885

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

(No. *St. Marys Infirmary*)

File No.....
Registered No. **10029** (St. Ward)

2. FULL NAME

Vincenza Leduca

(a) Residence No. *1527 N 21* St., *21* Ward.

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. (If nonresident give city or town and State)

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 OR (OR) WIFE OF *Andrew Leduca*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 8, 1881*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 1 29

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 employer)
(c) Name of employer

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

10. NAME OF FATHER *Alvise Leduca*

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

12. MAIDEN NAME OF MOTHER *Anna Damore*

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

14. INFORMANT (Address) *Andrew Leduca 1527 N 21*

15. FILED *11-9-27* 19 *Man G. Starkoff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *11/7 1927*

17. I HEREBY CERTIFY, That I attended deceased from *10/11 1927*, to *11/7 1927*, and that I last saw him alive on *11/7 1927*, and that death occurred, on the date stated above, at *30 m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:
General Carcinomatosis (Origin undetermined)

CONTRIBUTORY (SECONDARY) *Cardiac Decompensation* (duration) yrs. *6* mos. *29* ds.

18. WHERE WAS DISEASE CONTRACTED *LA.* (duration) yrs. *3* mos. *29* ds.

DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *10/11/27*

WAS THERE AN AUTOPSY? *Yes*

WHAT TEST CONFIRMED DIAGNOSIS? *Autopsy*
(Signed) *P. Rabinovitch* M. D.
, 19 (Address) *St. Marys Inf.*

*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 *Cemetery* DATE OF BURIAL *Nov 10 1927*

20. UNDERTAKER *General Leduca* ADDRESS *1138 N 6*

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.

WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD

