

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

Do not use this space.

6491

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St Louis (No. 712^a Walton Ave St. 1402 Ward)

2. FULL NAME

Theresa Capestro
 (a) Residence. No. St. 15 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF John Capestro
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown abt 1848
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt. 80 unknown
 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

10. NAME OF FATHER

John Florio

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Italy

14.

INFORMANT Mrs M Capestro
 (Address) 712^a Walton Ave

15.

FILED FEB -7 1923 Mrs Standen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/6 1928
 17. 3 I HEREBY CERTIFY, That I attended deceased from Dec 30th, 1927 to Feb 6th, 1928 that I last saw her alive on Feb 4th, 1928, and that death occurred, on the date stated above, at 7:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

12¹ chronic myocarditis
1/29/28 (duration) yrs. 6 mos. da.
 CONTRIBUTORY in nephritis
 (SECONDARY) + chronic kidney (duration) yrs. mos. da.

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 obs

(Signed) Harry H. Meyer, M. D.

77, 1928 (Address) 4903 Bell

*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 2/9 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

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.

Dr Harry ~~Langston~~
4903 Delmar
Ave

76100