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. 11432

Township ..... Primary Registration District No. 1003 Registered No. 3264

City ..... (No. 625 Biddle St ..... St. ..... Ward)

2. FULL NAME Francis Mannise

(a) Residence. No. 625 Biddle St., 25 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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 Santo Mannise

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17 - 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	2	4	

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

PARENTS

10. NAME OF FATHER Giuseppia Guiuzza
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Santa Valenti
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Italy

14. INFORMANT Santo Mannise
(Address) 625 Biddle St

15. FILED ..... 19 22 1928 Alex C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 - 1928

17. I HEREBY CERTIFY, That I attended deceased from March 17th, 1928, to March 21st, 1928, that I last saw her alive on March 17, 1928, and that death occurred, on the date stated above, at 9.45 A.m. 131 92A

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation + Anasarca (Non-Rheumatic) (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Chronic Parenchymatous Nephritis (duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? No DATE OF X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) Walter E Frank, M. D

3-22, 1928 (Address) 1405 S. Bdwy

*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
DATE OF BURIAL: March 23 1928

20. UNDERTAKER: Bensick - Niehaus
ADDRESS: 1138 N 6