

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.

22588

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1003City St. Louis(No. Children's Hospital)

File No.

Registered No. 6789

St.

Ward)

2. FULL NAME(a) Residence. No. 3965a Grant Park 16 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.**PERSONAL AND STATISTICAL PARTICULARS****3. SEX**M**4. COLOR OR RACE**W**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**Child**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**—**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Aug 10-1918**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

91018**8. OCCUPATION OF DECEASED**

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

School-girl

(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)

Royalton
Ill**10. NAME OF FATHER**Dominic Severino**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Italy**12. MAIDEN NAME OF MOTHER**Dominica Balto**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Italy**14.**INFORMANT
(Address)M. B. Jacobi
500 S. Kingshighway**15.**FILED
28 1923May C. Stakoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**June 28 1928**17.**

HEREBY CERTIFY, That I attended deceased from June 28, 1928 to June 28, 1928 that I last saw him alive on June 28, 1928, and that death occurred, on the date stated above, at 10:40 A.M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis (rheumatic)
56 D E myocardial failure
38 D

(duration) yrs. mos. 5 da.
Chronic
CONTRIBUTORY
(SECONDARY) Endocarditis (rheumatic)
(duration) yrs. 4 mos. 15 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

Home**19. DID AN OPERATION PRECEDE DEATH? NO. DATE OF**WAS THERE AN AUTOPSY? NOWHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam.(Signed) Russell Bond M. D.6/28, 1928 (Address) St. L. Children's

*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

DATE OF BURIAL

Christophers Ill.6-28-1928.**20. UNDERTAKER**C. R. Rupton

ADDRESS

449 E. 1st St.

