

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

Do not use this space.

22674

1. PLACE OF DEATH

County.....

Registration District No.

791

Township.....

Primary Registration District No.

1003

City.....

St. Louis Mo. 919 1/2 N. 9th St.

File No.

Registered No.

St. Ward)

2. FULL NAME

Stella Viola

(a) Residence. No. 919 1/2 N. 9th St., 25 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 Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. abt 33 ✓ ✓

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Factory Worker (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

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT J. W. Kerner (Address) 7111, 1928

15. FILED 12 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29, 1928

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 8:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxiation
from Gas Poisoning
11.4A (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Suicide

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

9 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Kerner, M.D. 7/11, 1928 (Address) Dep. Comm.

*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

Potters Field DATE OF BURIAL 7/12 1928

20. UNDERTAKER

Southern U & L Co ADDRESS 7315 S. 15th

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.

