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 1003 File No. 29311

Township ..... Primary Registration District No. ..... Registered No. 8835

City St. Louis (No. 2000 a North Market St. ..... Ward)

2. FULL NAME Rosalie Balsano

(a) Residence. No. 2000a N. Market St., 26 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 Salvator Balsano

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 30, 1866

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	7	1	

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 Joch Salvago

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

12. MAIDEN NAME OF MOTHER Bena Mazella

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

14. INFORMANT Salvator Balsano
(Address) 2000a N Market

15. FILED SEP -1 1928 Max C Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1928, to Aug 31, 1928, that I last saw her alive on Aug 31, 1928, and that death occurred, on the date stated above, at 4:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral haemorrhage
131 Apoplexy -
82A

..... (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis

..... (duration) 1 yrs. ..... mos. ..... ds.

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? ✓

(Signed) C. H. Kilker, M. D.

Aug 31, 1928 (Address) 3121 N Grand Blvd.

*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: Sept 3 1928

20. UNDERTAKER: Akron St U Co. 3707 N Grand

ADDRESS