

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

Do not use this space.

31565

1. PLACE OF DEATH

County St. Louis
Township Central
City Manly (No. 1539)

Registration District No. 189
Primary Registration District No. 6000B
Paris Ave

File No. _____
Registered No. 289
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1539 Paris Ave St. Louis Mo. (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. 1 How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Cepparulo

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 55 - - -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Manufacturer of artificial flowers
(b) General nature of industry, business, or establishment in which employed (or employer) of artificial flowers
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Andrew Cepparulo (Address) 1539 Paris Ave

15. FILED 9/29 1928 Rolla Quay M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 23 1928, to Sept 28 1928.
That I last saw him alive on Sept 27 1928, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Labar Pneumonia (Double)
108 101A
9:15 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Ch. interstitial myocardit.
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

18. DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS. Clinical Diagnosis

(Signed) Francis J. Carls M.D.
9/28 1928 (Address) 11237 N. Taylor

*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

Calvary 10-1 1928
20. UNDERTAKER ADDRESS Arthur J. Donnelly 2039 Wash

THIS IS A PERMANENT RECORD

X. R.—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.

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