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.

32055

File No. 9346

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. St Louis Altenheim St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Charlotte Parisi

(a) Residence. No. 5408 S. Broadway (Usual place of abode) 15 Ward.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Angelo Parisi

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	81	—	—	

8. OCCUPATION OF DECEASED

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

(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 Luba

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Joseph F Parisi (Address) 6427 San Bonita a

15. FILED 19 Thos C Tarlton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 9 1928, to Sept 17th 1928, that I last saw h. alive on Sept 17th 1928, and that death occurred, on the date stated above, at 11 50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastrointestinal Disturbance

12 Hr Myocarditis

3 Hr Pulmonary Edema

Chronic (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis (duration) 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? Laboratory Et Etc

(Signed) J Schiffle M. D.

Sept 18 1928 (Address) 1115 Ma Bldg

*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 9-20 1928

20. UNDERTAKER Arthur J Donnelly

ADDRESS 2039 Wash St

Dr Edwin Schisler
Mo Thicke Pea
1-4