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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 35211

Township ..... Primary Registration District No. 1003 Registered No. 10197

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

2. FULL NAME Maria Zagarri

(a) Residence. No. 5119 Wilson St., 13 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 John Zagarri

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

7. AGE: Years 43 Months about Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): wife
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Gusseppi Michiche
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Italy
12. MAIDEN NAME OF MOTHER: Gussappa Lorand
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Italy

14. INFORMANT (Address): John Zagarri 5119 Wilson

15. FILED OCT 17 1928 May C Starseoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 15, 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bed Bug Poisoning

163X (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Suicide

165 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

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

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

10/ (Signed) J. W. Kerner M.D.

10/ 1928 (Address) Dep. Coroner

*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: [illegible] — DATE OF BURIAL: Oct 18 1928

20. UNDERTAKER: Paul C. Calcaterra — ADDRESS: 1921 Cooper St