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.

35532

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 10599

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

2. FULL NAME Sebastian Urso

(a) Residence. No. 3345 Virginia Ave St., N 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: Male
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: Catherine Urso

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 5-1866

7. AGE: 61 YEARS, 11 MONTHS, 22 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: Matt Urso
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Hungary
12. MAIDEN NAME OF MOTHER: Christina Fehnel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Hungary

14. INFORMANT: Catherine Urso
(Address) 3345 Virginia Ave

15. FILED OCT 24 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Octob 11th, 1928, to Octob 27th, 1928, that I last saw him alive on Octob 27th, 1928, and that death occurred, on the date stated above, at 3 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

57

Alcoholic Cirrhosis of Liver

1248

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus

(duration) yrs. 1 mos. ds.

57

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert Reidner M. D

Oct 29th 1928 (Address) 1012 Bayer Av

*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: St Peter & Paul

DATE OF BURIAL: Oct 30 1928

20. UNDERTAKER: Arender U. Co

ADDRESS: 1718 So 9th