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

Do not use this space.

38250

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10849

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

2. FULL NAME Nick Borzillo, Nicola

(a) Residence. No. 6729 Garner St., 4 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: Consolata Borzillo

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1874

7. AGE: Years 54; Months —; Days —; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer Day
(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): Casalduni Italy

PARENTS

10. NAME OF FATHER: Nick Borzillo Pasquale

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

12. MAIDEN NAME OF MOTHER: Remanso

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

14. INFORMANT: Consolata Borzillo
(Address) 6729 Garner Ca

15. FILED ..... 19 ..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 4 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 2.45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

Non traumatic (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): W.M.A.

(duration) yrs. mos. ds.

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

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

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. Z. Witt, M. D.

Nov 4, 1928 (Address) 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: S. Peter & Pauls
DATE OF BURIAL: 11-7 1928

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash Av

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.

Dr. L. A. Wise
Mo Bldg 1-3
Jeff 6488

3 8250-28

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No. 10849
Local Registrar's No. 10849

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12th day of November 1952, ~~194~~, before me appears Rocco Borzillo, who, upon his oath, states that the original record of ~~##~~th death for Nick Borzillo died ~~born~~ Nov. 4th 1928 ~~19~~, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 2 should read Nicola Borzillo
Instead of Nick Borzillo

Item No. 3 (5) should read married
Instead of illegible

Item No. 9 should read Casalduni Italy
Instead of unknown

Item No. 10 should read Pasquale Borzillo
Instead of Nick Borzillo

Item No. 11 should read Rosaria Romano
Instead of unknown

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Rocco Borzillo Son
Relationship.

5921 Southwest Avenue, St. Louis 9, Mo.
Present Address.

Subscribed and sworn to before me this 12th day of November, 1952

My Commission expires December 18th 1953. Ignazio Riggio Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V.S. 135
50M-8-43
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