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. 38540

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. ..... Registered No. 11160

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

2. FULL NAME OLIVIA CODEMO

(a) Residence. No. 1715 Carroll Str St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 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: Wife of Louis Codemo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3 1895.

7. AGE: 33. YEARS; MONTHS: 1.; DAYS: 12.; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife 139B 94B 99A
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Irwin
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Vincent Ferris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Helen Huber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.

14. INFORMANT Louis Codemo
(Address) 1715 Carroll Str.

15. FILED NOV 15 1928 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 — 15 — 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1928, to Nov. 15, 1928, that I last saw her alive on Nov. 15, 1928, and that death occurred, on the date stated above, at 10 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Fat~~ Cardiac Embolus (Coronary Thrombosis) (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bilateral Pyosalpinx Monococcus (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? yes
IF AN OPERATION PRECEDE DEATH? yes DATE OF Nov. 15-28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) Reuben M Smith, M. D
, 19 (Address) 4145 South Grand

*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: Hillsboro Ill.
DATE OF BURIAL: Nov 15 1928

20. UNDERTAKER: McLaughlin
ADDRESS: 1631 Missouri