

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

Do not use this space.

43568

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No.....

Township.....

Primary Registration District No. **1003**

Registered No. **12869**

City.....

(No. **St. Mary Infirmary**)

St. .... Ward)

**2. FULL NAME**

*Angeline Falla*

(a) Residence. No. **803 north 19<sup>th</sup> St.**, **28** 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 **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Falla**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 9 - 1876**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**52 7 19**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. **1867 1911**  
(b) General nature of industry, business, or establishment in which employed (or employer). **no home 131**  
(c) Name of employer

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

10. NAME OF FATHER **Paolo Leghmann**

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 (Address) **Joe Falla 1608a 2119**

15. FILED **31** REGISTRAR **Wm C. Stanley**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 28 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 19 1928** to **Dec 28 1928** that I last saw her alive on **Dec 28 1928**, and that death occurred, on the date stated above, at **2 15 P. M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Embolism of Coronary artery fracture from a fall to the floor at home about 1867** (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Fracturing of Right Femur duration 9 days - Chronic Hepatitis** (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **1867**

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF

20. WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Physical Findings**  
(Signed) **E. Brown**, M. D.

**Dec 29, 1928** (Address) **1536 Poplar**

\*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 **Dec 31 1928**

20. UNDERTAKER **James McNamee** ADDRESS **1138 N. 6**

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.

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