

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

Do not use this space.

1897

1. PLACE OF DEATH

County Jackson
Township Four
City K.C.

Registration District No. 399
Primary Registration District No. 1002

File No. 490
Registered No. 490
St. Mo. Ward 1

2. FULL NAME

Margareta Catanzaro
(a) Residence. No. 618 Harrison St., Ward 1
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Luigi Catanzaro

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

July 15 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

49

6

14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Italy

10. NAME OF FATHER

Joseph Catanzaro

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Italy

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Italy

14.

INFORMANT

(Address)

Phillip Scimeca
630 Harrison

15.

FILED

1-31-29
M. McGee
Registrar

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan. 28 1929

17.

I HEREBY CERTIFY, That I attended deceased from Jan 1 to Jan 28, 1929, that I last saw her alive on Jan 27, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

98B

67 Toxemia

CONTRIBUTORY (SECONDARY)

Gangrene of Right foot + leg
(duration) yrs. mos. da. 21

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?

(Signed)

Clinical
Anthony J. Scimeca, M.D.
1/29, 1929 (Address) 403 Adelstein Bldg.

*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

DATE OF BURIAL

St. Mary's

Feb 1 1929

20. UNDERTAKER

ADDRESS

Edward B. Loggins

K C Mo

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.

