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

Do not use this space.

13276

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3608 Palm St St. ..... Ward)

File No. ..... Registered No. 3841

2. FULL NAME Rosa Parissi

(a) Residence. No. ..... St., 10 Ward. .....
(Usual place of abode) (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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1852

7. AGE: abt. YEARS 77 MONTHS Unknown DAYS ..... If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: at Home

(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): Italy

PARENTS

10. NAME OF FATHER: Unknown Michiloni

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: Joseph Parissi
(Address) 3608 Palm St

15. FILED MAR 30 1929 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/28 1929

17. I HEREBY CERTIFY, That I attended deceased from March 1927, to Mar 28th, 1929, that I last saw her alive on Mar 28th, 1929, and that death occurred, on the date stated above, at 1050 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

42-B Carcinoma of Stomach

131 Chronic Myocarditis

93C Chronic Interstitial Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Bronchopneumonia

(duration) yrs. mos. 2 ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Xray and Clinical findings

(Signed) Thomas Flanagan, M.D

3/29, 1929 (Address) 2743 N Leonard

*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: 4/1 1929

20. UNDERTAKER: Arthur J Donnelly

ADDRESS: 2039 Wash St

MARGIN RESERVED FOR BINDING

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.

[illegible]

2743 [illegible]

Loc 1104

[illegible] 35[illegible]