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

Do not use this space.

15986

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4005

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

City St Louis (No. 4810 Spalding St. ..... Ward)

2. FULL NAME Concetta Tumminia

(a) Residence. No. ..... St., 6 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1863

7. AGE: Years 66 | Months — | 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: Phillip Pavone
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): " "

14. INFORMANT: Francisco Tumminia
(Address) 4810 Spalding

15. FILED ..... 19.. Max C. Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 24, 1929, to April 2, 1929, that I last saw her alive on April 2, 1929, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
82 A
97 (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Arteria Sclerosis
unable to say
(duration) ..... yrs. ..... mos. ..... ds.

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) Peter A Ech, M. D
4/3, 1929 (Address) 4701 St Louis

*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: 4-5 1929

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash 4

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. 4 NO. 2.

Dr Eck
4700 St Louis
9-11