

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

Do not use this space.

6713

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. of Johns Hospital)

File No. 1538

Registered No. 1538

St. Ward)

2. FULL NAME

(a) Residence. No. 8810 Windsor Ave. St. Louis, Mo. Ward. 12

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Queroli

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>abt. 61</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>

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 Giovanni Guzzolo

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER May Raggio

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Italy

14. INFORMANT John Queroli
(Address) 8810 Windsor Ave. St. Louis, Mo.

15. FILED Feb 1, 1930 May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 19 30

17. I HEREBY CERTIFY, That I attended deceased from 19 30 to 19 30 that I last saw him alive on Feb 11, 19 30, and that death occurred, on the date stated above, at 825-a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
scarbons Carcinoma of the liver

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) 44-R
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS? Laparotomy
(Signed) David W. Taylor, M.D.
2/12, 1930 (Address) 2037^a Franklin

*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 Cemetery DATE OF BURIAL 2/15 1930

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash

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.

