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

Do not use this space.

7075

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 ..... Registered No. 1943

City S. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME 11137 Vera (Caltino) Caltino

(a) Residence. No. 5341 Daggett St. 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	49	5	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tobacco Factory
(b) General nature of industry, business, or establishment in which employed (or employer) Labor
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Dattasanta Montenovo
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Honorato D Montenovo
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

14. INFORMANT E Rivera
(Address) City Hospital

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1930, to Feb 22, 1930 that I last saw h... alive on Feb 22, 1930, and that death occurred, on the date stated above, at 6 15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ulcer of the pylorus probably early malignancy
46 B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 44 A (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) [signature], M. D.
Feb 22, 1930 (Address) City Hospital

*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 Peter - Paul	Feb 24 1930
20. UNDERTAKER Paul Calcaterra	ADDRESS 1921 Cooper St

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.

46

16

Carlevo

PAUL C. CALCATERRA
FUNERAL DIRECTOR

[redacted] GRAND 7550
5142 Daggett Ave
171 ST. LOUIS, MO.

In regards to: Death Certificate of
Elvira Dal Cortivo

To who it may concern:

This is to certify that all changes and corrections in death certificate which are made upon supplementary are correct to the best of my knowledge, and have been verified by a true copy of the above, named Elvira Dal Cortivo's passport to this country.

Arthur Zwiefel
.....

Subcribed and sworn before me, this 25th day of January 1935.

Paul C Calcaterra
.....
Notary Public

My commission expires March 23 1936.

Caroline Borghi
.....
Witness

RECEIVED
JAN 28 1935
THE STATE BOARD OF HEALTH
OF MISSOURI

PCC:EW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

File No. 7075
Registered No. 1943

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City St. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME Elvira Dal Cortivo

(a) Residence, No. 5341 Daggett Ave. St., 24 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): Giacomo Dal Cortivo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 12 1880

7. AGE: Years 49 | Months 5 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tobbacco Factory
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Worker
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fonzasco Bellune Italy

FATHER

13. NAME: Fioravante Dalla Santa
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fonzasco Belluno Italy

MOTHER

15. MAIDEN NAME: Bee Onorata
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fonzasco Belluno Italy

17. INFORMANT (ADDRESS): Paul C. Calcaterra 5142 Daggett Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Peter&Paul Cem. DATE: Feb. 24, 1930

19. UNDERTAKER (ADDRESS): Paul C. Calcaterra 5142 Daggett Ave.

20. FILED 2/24, 1930 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22, 1930

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..... I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) ....., M. D.
(Address) .....

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

JAN 3 1 1935

S-7075