

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.

APR 30 1930

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

Do not use this space.

13861

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 789
Primary Registration District No. 6033 B
(No. 3718 Jennings)

File No. _____
Registered No. 114
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 6508 Grove Ave. St. _____ 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Caravello

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 2 1890.

8. AGE YEARS MONTHS DAYS 40 3 9
If LESS than 1 day, _____ hrs. or _____ min.

9. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Shoe maker
(b) General nature of industry, business, or establishment in which employed (or employer) own Business
(c) Name of employer _____

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

11. NAME OF FATHER Venture Caravello

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

13. MAIDEN NAME OF MOTHER Giuseppina Picciolo

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

15. INFORMANT Mrs. Frances Caravello
(Address) 6508² Grove Ave.

FILED 4/30 1930 J. W. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1929, to April 11, 1930, that I last saw h. i. m. alive on April 11, 1930, and that death occurred, on the date stated above, at 7:45 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fibrous Pneumonia
from Dec. 26, 1929 to
Jan. 29, 1930.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? yes DATE OF Feb resection
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) W. B. Deason, M. D.
April 11, 1930 (Address) 3718 Jennings

*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 April 14, 1930.

20. UNDERTAKER Jos. W. Clark ADDRESS 1175

W. B. Deason

Apr. 11, 1930

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AUG 24 1951