

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

Do not use this space.

17504

1. PLACE OF DEATH

County.....
Township.....
City St Louis

Registration District No. 791
Primary Registration District No. 1003
(No. City Hospital #1)

File No.....
Registered No. 4577
St. Ward)

2. FULL NAME Enrico Barroli

(a) Residence. No. 5613 Arthur St., 14 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

2 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Pisoni

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 542 A..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 14-1890

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 1 23

Chronic Myocarditis
920
1180 (duration) yrs. mos. ds.

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

CONTRIBUTORY Acute Gastritis
(SECONDARY) (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER Lonigi Barroli

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

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

WAS THERE AN AUTOPSY? Yes

12. MAIDEN NAME OF MOTHER Loniga Garavano

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. W. Kerne M.D.
5/8, 1930 (Address) Det. Corone

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

*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.

14. INFORMANT Jennie Barroli
(Address) 5613 Arthur ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter - Paul DATE OF BURIAL May 10 1930

15. FILED Paul E. Stark REGISTRAR

20. UNDERTAKER Paul E. Calcatera ADDRESS 1921 Cooper St

CAUSE OF DEATH IN plain terms, so that it may be properly understood.

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