

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

Do not use this space.

18127

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1068
 City St. Louis (No. 3319) Laclede Ave St. _____ Ward _____

File No. _____
 Registered No. 5285
 St. _____ Ward _____

2. FULL NAME Maria Boggiano

(a) Residence. No. _____ St. 21 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Boggiano

17. I HEREBY CERTIFY, That I attended deceased from May 14 1930 to May 28 1930
 that I last saw h. alive on May 28, 1930 that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 1855

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 4 17

Myocarditis (Chronic)
 430 (duration) _____ yrs. mos. ds.

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 _____

CONTRIBUTORY (SECONDARY) 903
 (duration) _____ yrs. mos. ds.

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

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

10. NAME OF FATHER Joseph Buesta

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Babany

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) C. Schaub M. D.
579, 1930 (Address) 2352 S. L. B. Blvd

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

*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 David Boggiano
 (Address) 3319 Laclede Ave

DATE OF BURIAL 5-31 1930
 ADDRESS _____

15. FILED 1930 May 28 REGISTRAR Arthur J. Donnelly

20. UNDERTAKER Arthur J. Donnelly
2039 Wash St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1900. Schickler

2360. Salisbury et

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