

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City St. Louis (No. City 70601)

24908
File No.
Registered No. 7069
St. Ward)

2. FULL NAME

(a) Residence. No. 1405 Harvard 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 35 yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stephen Vitale</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 22 - 1894</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>7</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u></u> (c) Name of employer <u></u>		

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

10. NAME OF FATHER Frank Blumro

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

12. MAIDEN NAME OF MOTHER Emma Piatek

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

14. INFORMANT Max C. Stankel
(Address) City 70601

15. FILED Jul 16 1930 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930

17. I HEREBY CERTIFY That I attended deceased from July 4 1930 July 12, 1930 (that I last saw her alive on July 12, 1930, and that death occurred, on the date stated above, at 2:50 p.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of liver (metastatic)
H&E

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) H&E
(duration) yrs. mos. ds.

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

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/11 - 28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Joseph T. Maher, M. D.
714, 1930 (Address) City 70601

*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 Celary DATE OF BURIAL July 17 1930

20. UNDERTAKER Central ADDRESS 18416000

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

Vitale

June 19, 1931

To - U. S. Health Dept. Room #10, Municipal Courts Bldg.

Patient - Genevieve Vitalle, #5895

Primary cause, probably carcinoma of gall bladder and common duct.

Walter C. Kirchner

M.D.

Walter C. G. Kirchner
Medical Director

WCGK/N

5-24908

(1936)

Name: Genevieve Vitale
Who died at: St. Louis Mo. on July 13, 1930

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Carcinoma of Liver
(Metastatic)

Contributory: _____

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

S-24908
(1930)