

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

Do not use this space.

1. PLACE OF DEATH St. Louis Registration District No. 284  
 County St. Francois Township St. Francois Primary Registration District No. 6032  
 City St. Louis (No. Church, Road Route 14) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Theresa Van Scoyoc  
 (a) Residence. No. Church Road Route 14 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.

File No. 27777  
 Registered No. \_\_\_\_\_

**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 Clarence Van Scoyoc

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
37 9 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Italy

10. NAME OF FATHER Charles Giudici

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

12. MAIDEN-NAME OF MOTHER Clara Marsicelli

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

14. INFORMANT Clarence Van Scoyoc  
 (Address) Church Road Route 14

15. FILED Aug 9<sup>th</sup> 1930 Dr. Carl J. Rosary  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/8 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1 1924, to 8/8 1930 that I last saw her alive on 8/7 1930 and that death occurred, on the date stated above, at 5 A m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Myocardial stenosis

**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ECG

(Signed) L. C. Mellikien M. D.  
8/9 1930 (Address) 4928 Shaw

\*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 St Peter - Paul DATE OF BURIAL aug 11 1930

20. UNDERTAKER Paul C Calcaterra ADDRESS 1921 1/2 Cooper St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

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.

