

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

Do not use this space.

**31245**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City Strom No. 4962 Natural Bridge St. .... Ward)

File No. ....  
 Registered No. **8843**  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 13 - 1865</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>11</u>
	DAYS <u>24</u>	IF LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Housework  
 (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 Joseph Sapienza  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy  
 12. MAIDEN NAME OF MOTHER unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Mr. Frances G. Gorman  
 (Address) 1492 V. Park

15. SEP Filed 9 1930  
Max C. Starling  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 7 1930  
 17. I HEREBY CERTIFY, That I attended deceased from June 1927, to Sept 7 1930, and that that I last saw him alive on Sept 7 1930, and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Endocarditis Chronic  
92A  
97  
 (duration) 3 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Arterial sclerosis  
 (duration) 3 yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF       
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exams  
 (Signed) W. H. Shipps, M. D.  
9/8 1930 (Address) 544 No. 03rd

\*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 Sept. 10 1930

20. UNDERTAKER Wm. Schumacher ADDRESS 4834 Nat Bridge

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.

3-5 PM

744 W. Third St. A