

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

Do not use this space.

34851

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St Louis (No. 1708 1/2 N Spring)

File No.
Registered No. 10247
St. Ward

2. FULL NAME Mary Banepa

(a) Residence No. St. 11 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 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 David J Banepa

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 23

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) St Louis

PARENTS

10. NAME OF FATHER Louis Pittaluga

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

12. MAIDEN NAME OF MOTHER Ellen Slaughter

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

14.

INFORMANT David J Banepa
(Address) 1708 1/2 N Spring

15.

FILED OCT 24 1932 Mar C Starnes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-27 1930

17. I HEREBY CERTIFY That I attended deceased from 9-10-30 to 10-26-30 that I last saw him alive on 10-28-30 and that death occurred, on the date stated above, at 10^a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
87.9
97

CONTRIBUTORY (SECONDARY)

Arterio Sclerosis (duration) yrs. mos. one ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. J. J. ... M. D.

10-28 19 30 (Address) 2418 N Spring

*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

DATE OF BURIAL

Cabary

10-29 19 30

20. UNDERTAKER

ADDRESS

Arthur J Donnelly 2039 Wash St

K. 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.

2418 21.2

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