

**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. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. Alexian Hosp.)

File No. 37819
Registered No. 10935
St. Ward)

2. FULL NAME Angelo Sottoriva

(a) Residence. No. 3016 Primmon St. 1 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louisa Sottoriva</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
<u>about</u>	<u>46</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Quarry foreman</u> (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

PARENTS	10. NAME OF FATHER <u>Badbolem Sottoriva</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Francis Wojert</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT Frank Sottoriva
(Address) 3016 Primmon St

15. FILED Nov 19 1930 May C. Standiford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18, 1930

17. No physician in attendance
HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured Skull
Cerebral Hemorrhage
1 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY Manner and Cause
(SECONDARY) Unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kemmer, M.D.
11/19, 1930 (Address) City of St. Louis

*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 <u>St. Hope Cemetery</u>	DATE OF BURIAL <u>11-20 1930</u>
20. UNDERTAKER <u>Southern</u>	ADDRESS <u>6320 S. Grand</u>

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.

