

**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
 Townshp. St. Louis Primary Registration District No. 1003 File No. 40742
 City St. Louis (No. St. Paul Hospital) Registered No. 11381 St. Ward)

2. FULL NAME

Joseph C. Caselli
 (a) Residence. No. 14630 Welman St., 13 Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 2 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucie Caselli

17. HEREBY CERTIFY, That I attended deceased from Nov. 27th, 1930, to Dec. 2nd, 1930, that I last saw him alive on Dec. 2nd, 1930, and that death occurred, on the date stated above, at 10:45 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20 - 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 0 10 1

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia (right)
11A
108

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Chef
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer Not known

CONTRIBUTORY (SECONDARY) Tubercle (duration) yrs. mos. 7 ds.
 (duration) yrs. mos. 7 ds.

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

18. WHERE WAS DISEASE CONTRACTED
 NOT A PLACE OF DEATH 4630 Welman

10. NAME OF FATHER Not known

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

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

20. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Not known

WHAT TEST CONFIRMED DIAGNOSIS? Tubercle

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

(Signed) Arthur Sundleson, M. D.

14. INFORMANT Harry Cross

173. 19 30 (Address) 2202 University St

(Address) 5965 Cates Ave

*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.

15. FILED 1930

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

New St. Marcellus Cem Dec 5 1930

20. UNDERTAKER ADDRESS

Anna L. Llo 2027 Grand

REGISTRAR

2. If every item of information should be carefully supplied. AGE should be stated EARLY DEATH CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

