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.

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

Do not use this space.

12333

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 322 Plum St. ..... Ward)

File No. .....

Registered No. 3597

2. FULL NAME Joe Calzetta

(a) Residence, No. 322 Plum St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Liboria DiDio

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	1	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Laboren
(c) Name of employer Central Transfer Co

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Italy 16

PARENTS

10. NAME OF FATHER Basilio Calzetta

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

12. MAIDEN NAME OF MOTHER Liloria Chenega

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

14. INFORMANT Liloria Calzetta
(Address) 322 Plum St

15. FILED [illegible] 19 [illegible] C. Parker [illegible] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 22 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-17-31 Feb 2, 1930, to Mar 22, 1930 that I last saw h 9 P.M. alive on Mar 27, 1931, and that death occurred, on the date stated above, at 12:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
Chronic Nephritis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131
IF NOT AT PLACE OF DEATH 93C
DID AN OPERATION PRECEDE DEATH? ..... DATE OF 1930
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. H. Bowdern (1), M. D.

, 19 (Address) 5301 Easton 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary	Mch 24 1931
20. UNDERTAKER	ADDRESS
Bensick Niehaus	1138 N 6

[illegible]