

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

Do not use this space.

16249

1. PLACE OF DEATH

County
Township
City (No. *Mo. Baptist Hospital*)

Registration District No. *791*
Primary Registration District No. *1002*

File No.
Registered No. *4736*
St. Ward

2. FULL NAME

Vita Giliberti

(a) Residence. No. *711 Wash* St., *35* Ward.

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 (SEX) <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Joseph Giliberti</i>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Mar. 8 1889</i>				
7. AGE	YEARS <i>42</i>	MONTHS <i>1</i>	DAYS <i>10</i>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <i>Housework</i>				
(b) General nature of industry, business, or establishment in which employed (or employer) <i>235</i>				
(c) Name of employer				

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

Italy

10. NAME OF FATHER

Joseph Pozzone

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

Italy

12. MAIDEN NAME OF MOTHER

Angela Russo

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

Italy

14. INFORMANT (Address)

*Joseph Giliberti
711 Wash*

15. FILED

20 1931

REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr 18 1931*

17. I HEREBY CERTIFY, That I attended deceased from *April 13 1931* to *April 15 1931* that I last saw *her* alive on *April 13 1931*, and that death occurred, on the date stated above, at *5 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Acute Cardiac dilatation
Operation for Ventral Hernia
1 1/2 hrs
45 min*

CONTRIBUTORY (SECONDARY)

Anginal Attack
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH)

1 DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *4-14-31*

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Joseph Giliberti* M. D.

4-18-1931 (Address) *705 - Olive St.*

*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

DATE OF BURIAL

Apr 19 1931

20. UNDERTAKER

Joseph Giliberti

ADDRESS

1138 N 6

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.

RECORD WITH OBTAINING INVA--INIS 1934 P. 11

Dear General
Barrington

2-23-18