

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

Do not use this space.

18287

1. PLACE OF DEATH

County Jackson
Township Kayv
City MANSAS

Registration District No. 399
Primary Registration District No. 1902
(No. 333 So. Van Brunt)

File No. 12200
Registered No. 12200
St. 1 Ward

2. FULL NAME Micheline Reale

(a) Residence. No. 337 N Van Brunt Blvd. 10 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 9 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Anthony Mastromiris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Do not know.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy
(STATE OR COUNTRY)

14. INFORMANT Fred Reale
(Address) 337 N Van Brunt Blvd

15. FILED May 31, 1931 M. M. Carow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-27-1931

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to May 27, 1931 that I last saw h. alive on May 27, 1931, and that death occurred, on the date stated above, at 7:35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolism
92 H
9:20
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Eulocarditis Chronic
about (duration) 1 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) W. H. Reale, M. D.

5/28, 1931 (Address) 318th & 2nd 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 Mt St Mary Cemetery DATE OF BURIAL 5-1-1931

20. UNDERTAKER Passantino Bros ADDRESS 11/C, Mo.

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.

