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

Do not use this space.

23549

1. PLACE OF DEATH

County St. Louis — Registration District No. 791 — File No.

Township St. Louis — Primary Registration District No. 1003 — Registered No. 7065

City " " (No. St. Mary's Infirmary St. Ward)

2. FULL NAME Cosimo Sansone

(a) Residence. No. 1223 No. 6th St., 25 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 17, 1917

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	13	8	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Douglas School

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

PARENTS

10. NAME OF FATHER Cosimo Sansone

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy. 16

12. MAIDEN NAME OF MOTHER Angelina Caito

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

14. INFORMANT Cosimo Sansone
(Address) 1223 No. 6th St

15. FILED 4 27 1931 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-5-31, 19..., to 6/24/ 1931 that I last saw him alive on 6/24/ 1931, and that death occurred, on the date stated above, at 3 20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia cause could not be determined

36 (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac failure

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home.
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Richard J. Wogner M. D.
June 26, 1931 (Address) St. Mary's Infirmary

*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	June 27 1931
20. UNDERTAKER	ADDRESS
Bensiek-Niehaus	1138 No. 6th

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.