

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

Do not use this space.

26313

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No.....  
Primary Registration District No.....  
(No. St. Johns Hospt.)

File No.....  
Registered No. 7451  
St..... Ward.....

**2. FULL NAME** Louisa Pisoni

(a) Residence. No. 5317 Bischoff 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**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 15th 1888**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, .....hra. or .....min.
	42	6	16	

8. OCCUPATION OF DECEASED **House Wife**  
(a) Trade, profession, or particular kind of work.....  
(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)

10. NAME OF FATHER **John purcelli**

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

12. MAIDEN NAME OF MOTHER **Caroline Unknown**

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

14. INFORMANT Joseph Pisoni  
(Address) 5317 Bischoff

15. FILED May 1931 REGISTRAR

791  
1003

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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1931

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1931 to July 1, 1931  
That I last saw her alive on July 1, 1931, and that death occurred, on the date stated above, at 7 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Ad. America  
following Nephrectomy  
Operation for kidney stones  
+ Pyonephrosis  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
1. DID AN OPERATION PRECEDE DEATH? Yes. DATE OF June 23-1931  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Laboratory  
(Signed) Charles Montani, M. D.  
. 19 (Address) 1926 A Cooper 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 St Peter - Paul DATE OF BURIAL July 4 1931

20. UNDERTAKER Paul Calcating ADDRESS 5147 Meaggett

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Bentley

1870