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.

38916

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

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

City St. Louis (No. 5645 Botanical St. ..... Ward)

File No. .....

Registered No. 11016

2. FULL NAME Louis Testa

(a) Residence, No. 5645 Botanical St., 13 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 Male

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 Mary Rivolti

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
40	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner Lunch

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Room

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Carlo Testa

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

MOTHER

15. MAIDEN NAME Rose Perrotti

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

17. INFORMANT (ADDRESS) Rose Testa 5645 Botanical

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peter - Paul DATE Nov. 4 1931

19. UNDERTAKER (ADDRESS) Paul Calcaterra 5143 Daggett ave

20. FILED NOV - 2 1931 Rex C. Starley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/1, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/5, 1931 to 11/1, 1931

I last saw him alive on 10/31 4 a, 1931 Death is said to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas 46 F

Date of onset unknown to me.

Other contributory causes of importance:

Name of operation Laparotomy at Boston Date

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. A. Milliken, M. D.

(Address) 4928 Shaw