

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

Do not use this space.

39245

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 5644, Ferry Arc)

File No.
Registered No. 11423
St. Ward)

2. FULL NAME

(a) Residence, No. 5644 Ferry Arc St. 6 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Virgenio Sgroi</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8 1886</u>				
7. AGE	YEARS <u>45</u>	MONTHS <u>9</u>	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>			
	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) <u>Italy</u>				
FATHER	13. NAME <u>Do not know</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>			
MOTHER	15. MAIDEN NAME <u>Do not know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>			
17. INFORMANT (ADDRESS) <u>Virgenio Sgroi</u> <u>5644 Ferry</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabany</u> DATE <u>Nov 14 1931</u>				
19. UNDERTAKER (ADDRESS) <u>Rudolph N. Abel</u> <u>1135 No 6 St</u>				
20. FILED <u>17</u> 19 <u>Nov 14 1931</u> <u>Wm. C. Stone</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from August 23, 1931 to November 12, 1931
I last saw him alive on November 12, 1931. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

<u>Cerebral Hemorrhage</u> <u>82A</u> <u>990</u>	Date of onset
<u>Chronic Myocarditis</u>	

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? clinical 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? No
If so, specify _____
(Signed) Rudolph N. Abel, M. D.
(Address) 4924 Union Boulevard, St. Louis

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.

