

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Mo. Baptist Hospt.) St. _____ Ward _____

39646

File No. **11858**

Registered No. _____

2. FULL NAME Josephine Crippa

(a) Residence, No. 2201 Sublett 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 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 Frank Crippa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 2 11

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. House Wife
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 Giovanni Tarno

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

MOTHER 15. MAIDEN NAME Maria Rodoni

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

17. INFORMANT (ADDRESS) Frank Crippa

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter = Paul DATE Nov 28 1931

19. UNDERTAKER (ADDRESS) Paul C Calcaterra

20. FILED 1 27 1931 My. Est. M. J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1931, to Nov 26 1931

I last saw h. er alive on Nov 26 1931. Death is said to have occurred on the date stated above, at 4:09 a.m.

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

Wernia (Eclampsia)
Chronic Nephritis
Cardiac Myasthenia
Central Nervous System
(Cardio-Respiratory Degeneration)

Other contributory causes of importance:

1931
1527
627A James

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) _____, M. D.

(Address) 444 N. S. Lucas

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.

Mr. Paugh
at his - Great Falls