

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

Do not use this space.

2331

1. PLACE OF DEATH
 County ST. LOUIS Registration District No. 1123
 Township CARONDELET Primary Registration District No. 6218 E
 City St. Rose Hospital (No. mt St Rose Hospital St. Ward) (If nonresident, give city or town and State)
 2. FULL NAME Anna Delessandro
 (a) Residence, No. 4013 Burger St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Matteo Delessandro
 OR WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1911
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 3 5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1932
 22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1932, to 1-13, 1932
 I last saw him alive on 1-13, 1932. Death is said to have occurred on the date stated above, at 12:10 a.m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 1935
 10. Date deceased last worked at this occupation (month and year) 11-31 11. Total time (years) spent in this occupation. 6 yrs

Date of onset 6-21-10
6-31

Other contributory causes of importance:
Pulmonary pneumonia
23rd
23
Pulmonary laryngitis

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16
 13. NAME Pio Parente
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
 MOTHER 15. MAIDEN NAME Concetta Baccardi
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

Name of operation none Date of
 What test confirmed diagnosis? T-ray Was there an autopsy? no

17. INFORMANT (ADDRESS) Husband (as above)
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter + Paul Am. DATE 1-16 1932
 19. UNDERTAKER (ADDRESS) Paul C. Calcaterra
5142 Ogden ave.
 20. FILED Jan 13 1932 L. C. Obrock Registrar

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) H. C. W. Chiles - Mahanold M. D.
 (Address) St. Rose Sanatorium

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.

96
 FEB 25 1932

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