

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.

3228

1. PLACE OF DEATH

County Registration District No. 702
Township Primary Registration District No. 1000
City St. Louis Mo (No. City Hospital 2)

File No.
Registered No. 1000 (Ward)

2. FULL NAME

Joseph Novella
(a) Residence, No. #5 Lennox Pl St., 16 Ward.

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-9-1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 | 10 | 18

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. Posters 245
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) Missouri

MOTHER FATHER
13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) St. Gertrude's Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Gertrude's Hospital DATE 2/1 1932

19. UNDERTAKER (ADDRESS) Chas. E. Peltz
3030 1/2 E. Grand

20. FILED JAN 30 1932 Ray E. Starker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27- 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1932, to 1-27-, 1932

I last saw h. him alive on 1-27, 1932 Death is said to have occurred on the date stated above, at 4:22 m.

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

3A
Pulmonary Tuberculosis
Other contributory causes of importance:
3B

Name of operation Excision Date of
What test confirmed diagnosis? Smear Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 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) W. Smith M. D.
(Address) City Hospital 2

