

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

Do not use this space.

3315

1. PLACE OF DEATH

County..... Registration District No. 7201
 Township..... Primary Registration District No. 10023
 City St. Louis Mo, St. Louis Ch. Hosp. 501 So. S. K. Highway 1/2 St. (Ward)

File No. 1095

Registered No. 1095

2. FULL NAME Clara P. Calazza

(a) Residence No. 2610 No. 26th St., 26 Ward, City
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 11th 1918</u>		
7. AGE	YEARS	MONTHS
	<u>13</u>	<u>8</u>
		<u>19</u>
	If LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>✓</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u>		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Chas. Calazza</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Italy</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Nary Catalent</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Italy</u> (STATE OR COUNTRY)

14. INFORMANT P. M. Kerbise
 (Address) 502 So. Terminal

15. FILED FEB -2 1932
 REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 1932
 17. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1931 to Jan. 30 1932
 that I last saw her alive on Jan. 20 1932 and that death occurred, on the date stated above, at 2 1/2^m

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rheumatic Heart Disease
Chronic
 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 950
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? No. DATE OF (1)

WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) Lawrence Goldman, M. D.

1/30, 19/31 (Address) St. Louis Children's Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic DATE OF BURIAL FEB 20 1932

20. UNDERTAKER Bensick - Nechan ADDRESS 1138 1/2

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

