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.

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

Do not use this space.

10626

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 100

File No. .....

Registered No. 2693

City St. Louis (No. 5340 Daggett St. ..... Ward)

2. FULL NAME Frank Crespi

(a) Residence, No. 5340 Daggett 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: Male

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: Celesta ~~Re~~ Re

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28 1877

7. AGE: YEARS 54 | MONTHS 7 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Common 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: La borer

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): Ita ly 16

FATHER

13. NAME: Gueseppi Crespi

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

MOTHER

15. MAIDEN NAME: Marie Grolla

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

17. INFORMANT (ADDRESS): Celesta Crespi 5340 Daggett X

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peter - Paul DATE Mar 23, 1932

19. UNDERTAKER (ADDRESS): Paul E Calcaterra 5342 Daggett av

20. FILED MAR 21 1932 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1925, to 3/17, 1932

I last saw him alive on 3/16, 1932. Death is said to have occurred on the date stated above, at 5 a.m.

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

	Date of onset
Mitral stenosis	1925
131	
12A 131 ①	
Other contributory causes of importance:	
Ch. nephritis	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) L. W. Millikin, M. D.

(Address) 5128 Shaw av

Mulliken