

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

Do not use this space.

10803

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 10031
(No. St. Johns Hospt.)

File No.
Registered No. 2876
St. Ward

2. FULL NAME Anna La Barbera

(a) Residence, No. 5635 Columbia 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
23 10 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244
10. Date deceased last worked at this occupation (month and year) 23 11. Total time (years) spent in this occupation. 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collinsville Ill.

MOTHER FATHER 13. NAME Gerolamo La Barbera

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

15. MAIDEN NAME Rose Reamondo

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

17. INFORMANT Sam La Barbera
(ADDRESS) 5635 Columbia

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter - Paul DATE Mar. 21, 1932

19. UNDERTAKER Paul C. Calogateris
(ADDRESS) 5142 Piggott

20. FILED W. C. Starnes
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from MARCH 20th, 1932, to MARCH 24th, 1932. I last saw her alive on MARCH 24th, 1932. Death is said to have occurred on the date stated above, at 5:55 a.m.
The principal cause of death and related causes of importance were as follows:

TUBERCULOSIS - CHRONIC, 1930
PULMONARY -
PULMONARY HEMORRHAGE - 3-19-32
Date of onset
Other contributory causes of importance:
1 2 3

Name of operation..... Date of.....
What test confirmed diagnosis? XRAY EXAM as 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 Charles Montani M. D.
(Signed) 1926 A Cooper St.
(Address)

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.

