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.

10806

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2879

City St. Louis Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Kathryn Perona

(a) Residence, No. 5337 Cote Brilliante St. 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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) Jan. 11, 1891

7. AGE: YEARS 41 | MONTHS 2 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 247
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caseyville Illinois 2

FATHER

13. NAME Joseph Perona
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy 1

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " Germany 16

17. INFORMANT (ADDRESS) J. Verneuil MD 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Collinsville Ill DATE Mar 25 1932

19. UNDERTAKER (ADDRESS) Geo M. Schaeppel Collinsville Ill

20. FILED 25 1932 19 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Mar. 23, 1932

I last saw her alive on Mar 23, 1932 Death is said to have occurred on the date stated above, at 2:55 p.m.

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

	Date of onset
Carcinoma of the Transverse Colon.	Sept 30 1931 +
46C (1)	

Other contributory causes of importance: 46C

Name of operation Mikulicz Date of Sept 30 1931

What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? .....

If so, specify .....

(Signed) Julius L. Verneuil, M. D.

(Address) 5400 Arsenal