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

Do not use this space.

File No. 11028
Registered No. 3110

1. PLACE OF DEATH

County ..... Registration District No. 7911
Township ..... Primary Registration District No. .....
City St. Louis (No. Deaconess Hospt. St. ..... Ward)

2. FULL NAME Antonietta Clapero

(a) Residence, No. 5959 Columbia St., 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19th. 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	53	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House 235

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

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) Italy

FATHER

13. NAME Leo Claretta

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Blake Clapero
(ADDRESS) 5959 Columbia

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter - Paul DATE Mar 31, 1932

19. UNDERTAKER Paul C Calcaterra
(ADDRESS) 5143 Daggett

20. FILED MAR 30 1932 Harry C. Stankevich
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/26, 1932 to 3/28/32, 19
I last saw her alive on 1:00 AM 3/28, 1932. Death is said to have occurred on the date stated above, at 9:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	3/24/32
122 A	
122 B	
122 C	

Other contributory causes of importance:

Longuinal Hernia	yrs

Name of operation Enterostomy Date of 3/27/32
What test confirmed diagnosis? Operation 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? No
If so, specify .....
(Signed) Victor L. Zowed, M. D.
(Address) 2807a Watson

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

MARGIN RESERVED FOR BINDING

Dr. Gould