

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

Do not use this space.

14359

**1. PLACE OF DEATH**

County..... Registration District No..... File No.....  
Township..... Primary Registration District No..... Registered No. **3695**  
City *St. Louis* No. *Missouri Baptist Hosp* Ward *12*

**2. FULL NAME**

(a) Residence, No. *Phillips 222* Ward. *12* (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 OR (OR) WIFE *Medard Di Salvo*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 12, 1898*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*34 2 7*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Fruit Dealer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *176*

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 16*

13. NAME *Francis De Salvo*

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

15. MAIDEN NAME *Behrman Edelweiss*

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

17. INFORMANT (ADDRESS) *Medard Di Salvo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cathary* DATE *Apr 16 1937*

19. UNDERTAKER (ADDRESS) *Debauch-Nichols*

20. FILED *4-20-37* *Max C. Finkler* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 13, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *1937* to *1937*

I last saw h. alive on *8/10*, 19 *37* Death is said to have occurred on the date stated above, at *8:10* m.

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

*Pulmonary Tuberculosis*

Other contributory causes of importance:

*238*

Name of operation..... What test confirmed diagnosis..... Was there an autopsy? *Yes*

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) *J. W. Kern*

(Address) *Dep. Coroner*

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.

