

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

Do not use this space.

21521

**1. PLACE OF DEATH**

County..... Registration District No. 79  
 Township..... Primary Registration District No. 100  
 City..... (No. 1834) Meriden St. Ward

File No. ....  
 Registered No. 6088

**2. FULL NAME**

Josephine Falcone  
 (a) Residence, No. 1834 Meriden St. Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 none  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1931  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
5 27  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 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) St. Louis Missouri  
 13. NAME John Falcone  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16  
 15. MAIDEN NAME Rosa Accarato  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT John Falcone  
 (ADDRESS) 1834 Meriden  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 30  
 19. UNDERTAKER Bernard DeBauer  
 (ADDRESS) 1139 27th St  
 20. FILED LN 30 1932 May 21 Registrar. June 29

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1932  
 22. HEREBY CERTIFY, That I attended deceased from June 28, 1932, to June 29, 1932  
 Last saw him/her alive on June 29, 1932 Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:  
Heart  
Arteriosclerosis  
 Other contributory causes of importance:  
119  
119

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Heart 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?.....  
 (Signed) J. J. Gignard, M. D.  
 (Address) 9873 Cass

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. NO. 2

Vanderpool

1880