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.

24541

File No.

Registered No. 6676

1. PLACE OF DEATH

County ..... Registration District No. 7811 1003

Township ..... Primary Registration District No. .....

City ..... (No. ..... ST. LOUIS HOSPITAL ..... St. ..... Ward)

2. FULL NAME Antoinette Licari

(a) Residence, No. 6903 Southwest 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 0 yrs. 1 mos. 12 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*)
Fem	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1932

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	1	12	

OCCUPATION

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

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, Mo.

FATHER

13. NAME Joe Licari

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

MOTHER

15. MAIDEN NAME Mary Ansanitti

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Rapids, Mich.

17. INFORMANT (ADDRESS) Joe Laffler

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bellefontaine Cem. DATE July 21, 1932

19. UNDERTAKER (ADDRESS) Paul Calcaterra 5142 Meagher Ave.

20. FILED JUL 21 1932 Magdalene Tarter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1932

22. I HEREBY CERTIFY That I attended deceased from July 17, 1932, to July 20, 1932, that I last saw her alive on July 20, 1932. Death is said to have occurred on the date stated above, at 12:30 A.m.

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

	Date of onset
Pertussis	4-13
9	
1994	
Bronchopneumonia	4-17

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Abnormal Cadaver Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:
Accident, suicide, or homicide? No Date of injury
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) John Eschenbrenner, M. D.
(Address)