

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

Do not use this space.

27454

1. PLACE OF DEATH *St. Louis*
 County *St. Louis* Registration District No. *51*
 Township *Macclins* Primary Registration District No. *12*
 City *St. Louis* (No. *2228*) St. *13* (Ward)

2. FULL NAME *Erigenia Coronella*
 (a) Residence, No. *2228 Macclins* Ward *13*
 (Usual place of abode)
 Length of residence in city or town where death occurred *11* yrs. *11* mos. *11* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. *27454*
 Registered No. *7260*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>female</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 1 - 1912</i>		
7. AGE YEARS <i>20</i>	MONTHS <i>1</i>	DAYS <i>3</i>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Sewing</i>	
	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) <i>Italy 16</i>		
MOTHER FATHER	13. NAME <i>Joseph Coronella</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>	
	15. MAIDEN NAME <i>Josephine La Ferla</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>	
17. INFORMANT (ADDRESS) <i>Joseph Coronella 2228 Macclins</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peter - Paul</i> DATE <i>aug 8</i> 19 <i>22</i>		
19. UNDERTAKER (ADDRESS) <i>Paul Calcaterra 5142 Oak St</i>		
20. FILED <i>AUG - 6 1922</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-4* 19*22*

22. I HEREBY CERTIFY, That I attended deceased from *5-5* 19*20* to *8-6* 19*22*
 I last saw *her* alive on *8-4* 19*22*. Death is said to have occurred on the date stated above, at *12* m.
 The principal cause of death and related causes of importance were as follows:
Tuberculous pneumonia
23A
23
 Other contributory causes of importance: *0*
Pul T Tuberculous

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? _____ 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.
 Character of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *Chas Sheers*
 (Signed) _____, M. D.
 (Address) *9101 So Broadway*

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.

RESERVED FOR BIRMG

U. S. NO. 2

Registrar.

