

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

Do not use this space.

27917

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**

File No.
Registered No. **7795**
St. Ward)

City **St. Louis** (No. **City Hospital**)
7924 Phillip Carrona

(a) Residence, No. **1616 Franklin** Ward **25**
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **5** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Emma Carrona</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct. 12 1864</i>		
7. AGE	YEARS <i>67</i>	MONTHS <i>10</i>
	DAYS <i>11</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>Retired</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>coal miner</i>	
	10. Date deceased last worked at this occupation (month and year) <i>2 years 1930</i>	11. Total time (years) spent in this occupation <i>25</i>

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

13. NAME
Joseph Carrona

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

15. MOTHER'S NAME
Antonia Carrona

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

17. INFORMANT (ADDRESS)
Hospital Intubation City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Cadaver* DATE *Aug 26 32*

19. UNDERTAKER (ADDRESS)
Beppie's Nephew

20. FILED **AUG 25 1932**

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 23, 1932*
I HEREBY CERTIFY, That I attended deceased from *Aug 9th 1932* to *Aug. 25th 1932*
I last saw him alive on *Aug 23rd 1932* Death is said to have occurred on the date stated above, at *11:25 a.m.*
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
8-9-32
8-16-32+
8-16-32+

Other contributory causes of importance:
Pulmonary edema
Cardiac Failure

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) *Arthur A. Hines* M. D.
(Address) *City Hospital*

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.

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