

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

Do not use this space.

37157

1. PLACE OF DEATH

County Registration District No. *1792*
Township Primary Registration District No. *1000*
City (No. *Hotel in Route at Hospital*)

File No.
Registered No. **9770**
Ward

2. FULL NAME

Salvatore Cutrona
(a) Residence, No. *4612^W West Florissant*, *9* Ward.

(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 <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>Mary Cutrona</i>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 24 1885</i>					
7. AGE		YEARS <i>47</i>	MONTHS <i>—</i>	DAYS <i>8</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>Barber 226</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) <i>Nov 2 1932</i>		11. Total time (years) spent in this occupation <i>25 yrs</i>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy It</i>					
FATHER	13. NAME <i>Bernarda Cutrona</i>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>				
	15. MAIDEN NAME <i>Rose Giobbia</i>				
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>				
	17. INFORMANT (ADDRESS) <i>Mary Cutrona 4612^W Florissant</i>				
18. BURIAL, CREMATION, OR REMOVAL <i>Valvary</i> DATE <i>Nov 4 1932</i>					
19. UNDERTAKEN (ADDRESS) <i>Basilek Mechanic 1138^W 6th St</i>					
20. FILED <i>NOV - 4 1932</i> <i>Mary Cutrona</i> Registrar					

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 2 32*

2. I HEREBY CERTIFY, That I attended deceased from *No physician*, 19.....
I last saw h..... alive on..... *11/2/32*.....
to have occurred on the date stated above, at *4:30* p. m.
The principal cause of death and related causes of importance were as follows:
Coronary Atherosclerosis

Other contributory causes of importance:
7

Name of operation..... Date of.....
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. Crowe*, M.-D.
(Address) *1413^W 3rd St*

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.

