

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

Do not use this space.
37403

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. **10050**
City..... (No. **3667^a**) **Laclede Ave** St..... Ward.....

2. FULL NAME

(a) Residence, No. **3667^a Laclede Ave** 19 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 MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Momeno		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1882		
7. AGE	YEARS 50	MONTHS 6
	DAYS 8	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 335	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1		
FATHER	13. NAME Joe Cardella	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16	
MOTHER	15. MAIDEN NAME Helena Cardella	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy	
17. INFORMANT (ADDRESS) Frank Momeno 3667^a Laclede Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 15 1932		
19. UNDERTAKER (ADDRESS) Mullen & Co 5165^a Laclede Ave		
20. FILED NOV 14 1932 19..... Wm C Stark Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 12** 19**32**
22. I HEREBY CERTIFY, That I attended deceased from **June 1** 19**32** to **11-12** 19**32**
Last saw h.e.r. alive on **11-11** 19**32** Death is said to have occurred on the date stated above, at **6 A.m.**
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
82?
82?
Other contributory causes of importance:
Adipose Tissue
Hypertension
Name of operator..... 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.
Manner of injury.....
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **Chas J. [Signature]** M. D.
(Address) **37^a Washington**

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.

