

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.

37660

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo. (No. Sanitarium)

File No.....
Registered No. 10347
St. Ward)

2. FULL NAME

Mary Riggo
(a) Residence, No. St. Louis Drainage School St. 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 1 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1911.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 1 16

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Unknown

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) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

13. NAME Joe Riggo

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Benjamin Margulais Jr. (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 11/23 1932

19. UNDERTAKER Benjick-Wachaus (ADDRESS) 1138 No. 4th

20. FILED NOV 22 1932 1932 Max Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from November 10th 1932, to Nov. 20th 1932

I last saw her alive on Nov. 20th 1932. Death is said to have occurred on the date stated above, at 4:15 P.m.

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

Acute Lobar Pneumonia (Bilateral) Date of onset 11/16/32

Other contributory causes of importance: 108

Name of operation..... Date of.....
What test confirmed diagnosis? May 2 Clinical Was there an autopsy? no

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 Benjamin Margulais M. D.
(Signed) Benjamin Margulais M. D.
(Address) 5400 Arsenal St

