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.

37697

1. PLACE OF DEATH

County ..... Registration District No. ~~2003~~ 91

Township ..... Primary Registration District No. .....

File No. .....

Registered No. 10392

City St. Louis (No. CityHospital St. ..... Ward)

#13830

2. FULL NAME Katherine Lupo

(a) Residence, No. 1519 Hogan St., 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. 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) July 11th-1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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) St. Louis Missouri

FATHER

13. NAME Joe Lupo

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

MOTHER

15. MAIDEN NAME Josephine Unknown

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

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp CityHospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 11/[illegible]/32, 19

19. UNDERTAKER (ADDRESS) Bensieh-Niehaus 1138 N. 6th

20. FILED NOV 23 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13th, 1932, to Nov. 22d, 1932

I last saw her alive on Nov. 22nd, 1932. Death is said to have occurred on the date stated above, at 8.55A.

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

Acute hemorrhagic nephritis — Date of onset 11-6-32

100
130
108

Other contributory causes of importance:

Left lower lobar pneumonia 11-20

Name of operation ..... Date of .....

What test confirmed diagnosis? Xray-Urine 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? No

If so, specify .....

(Signed) J. J. Rodgers, M. D.

(Address) CityHospital

Lupe