

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

Do not use this space.

42353

1. PLACE OF DEATH

City St. Louis (No. 2239 Cooper)
 Registration District No. 791
 Township Primary Registration District No. 50718
 St. Ward

File No. 11485
 Registered No.
 St. Ward

2. FULL NAME Maria Pennisi

(a) Residence, No. 2239 Cooper St. 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 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Antoni Pennisi		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown		
7. AGE YEARS 72	MONTHS About	DAYS If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife	
	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)
Italy 16

13. NAME **Lorenza Nugifose**

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

15. MAIDEN NAME **Lorenza Nugifose**

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

17. INFORMANT **Alfia Giorgio**
(ADDRESS) **2239 Cooper St.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Peter - Paul** DATE **Dec 26, 1932**

19. UNDERTAKER **Paul Calcesterro**
(ADDRESS) **514 1/2 Leaggett Ave**

20. FILED **EC 25 1932** **Max Standley**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec, 24, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **December 21, 1932, to Dec. 27, 1932.**

I last saw him alive on **Dec. 23, 1932.** Death is said to have occurred on the date stated above, at **12 1/2** m.

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

Broncho-pneumonia Date of onset **12-17-32**
107A **107A**

Name of operation..... 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? **No.**
 If so, specify **Charles Montani** M. D.
 (Signed) **1926 A Cooper St.**
 (Address)

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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

