

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

Do not use this space.

**1. PLACE OF DEATH**  
 000 County ..... Registration District No. 791  
 30 Township ..... Primary Registration District No. 1003  
 9 City St. Louis, Missouri No. 500 So. Kings Highway St. .... Ward) .....

**2. FULL NAME** Ricciotti, Domenico  
 (a) Residence, No. 2635 Ohio, City St. 23 Ward. .... (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 3174  
 Registered No. 3128  
 St. .... Ward) .....

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) child

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

**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR) 12-28-32

7. AGE	YEARS	MONTHS	DAYS	if LESS than 1 day, hrs. or min.
			<u>4</u>	

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

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** child

**10. Date deceased last worked at this occupation** (month and year) .....

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

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) 1-1-33, 19 .....

**22. I HEREBY CERTIFY**, That I attended deceased from 12-29-1932, 19 ....., to 1-1-33, 19 .....

I last saw him/her alive on 1-1-33, 19 ....., Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:  
congenital stenosis of the esophagus 15710 birth  
imperforate anus 15710 birth

Other contributory causes of importance: .....

Name of operation Operation for Imperforate Anus Date of 12-28-32  
 What test confirmed diagnosis? X-Ray 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) W. E. Keiter, M. D.  
 (Address) Childrens Hosp

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

**13. NAME** Domenico Ricciotti

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

**15. MAIDEN NAME** Victoria Pastore

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

**17. INFORMANT** J. M. Sever, R. H. Ambrose  
 (ADDRESS) .....

**18. BURIAL, CREMATION, OR REMOVAL** Can  
 PLACE St. Peter & Paul DATE 1-3 1933

**19. UNDERTAKER** With Bros H & I Co  
 (ADDRESS) 2929 I. Jefferson

**20. FILED** 141V-21933 19 1 1933  
W. E. Keiter  
 Registrar.

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.

