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

Do not use this space.

11089

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1903

City St. Louis (No. St Johns Hospital St. ..... Ward)

File No. ..... Registered No. 2121

2. FULL NAME Maria Barsellotti

(a) Residence, No. 4130 Clayton ave St., 18 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 Natale Barsellotti

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22-1900

7. AGE: Years 32 | Months 6 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Italy

FATHER

13. NAME Eugenio Fabbi

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Natale Barsellotti
(ADDRESS) 4130 Clayton ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 3-4 1933

19. UNDERTAKER Krieg Sullivan & Martinez
(ADDRESS) 4144 Macklindale

20. FILED MAR -2 1933 19 Harry C. Stark
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16th 1933, to March 1st 1933.
I last saw her alive on March 1st 1933. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Toxic Myocarditis (Acute)

126
93 A
127 A

Other contributory causes of importance:
Cholelithiasis

Name of operation Cholecystectomy Date of 2-16-33
What test confirmed diagnosis? usual 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) W. J. Gallagher, M. D.
(Address) University Club Bldg

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 PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD