

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

Do not use this space.

11089

1. PLACE OF DEATH

County.....
Township.....
City, St. Louis (No. St. John's Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 2121
St. Ward

2. FULL NAME

Maria Barselettii

(a) Residence, No. 4130 Clayton ave., 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 Natalie Barselettii

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

7. AGE YEARS 32 MONTHS 6 DAYS 7 If LESS than 1 day, hrs. or min.

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

13. NAME Eugeno Fabbii

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Natalie Barselettii (ADDRESS) 4130 Clayton ave.

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

19. UNDERTAKER Thyrschauser & Smartman's (ADDRESS) #1244 Manchester

20. FILED MAR - 2 1933 St. Louis Registrar.

3 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:

Toxic myocarditis (acute)
126
93A
127A
Cholelithiasis
Date of onset

Other contributory causes of importance:

Name of operation Cholecystotomy Date of 2-15-33

What test confirmed diagnosis? visual 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 CHANGING INITIALS TO A STATEMENT RECORD

235
16
16
16

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both manual and automated processes. The manual process involves reviewing each entry individually, while the automated process uses software to identify patterns and anomalies.

The third section describes the results of the analysis. It shows that there are several areas where the data is inconsistent or incomplete. These areas need to be investigated further to determine the cause of the discrepancies.

Finally, the document concludes with a list of recommendations. These include implementing stricter controls over data entry, improving the accuracy of the automated analysis software, and conducting regular audits to ensure the integrity of the data.