

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. 1-582
Township _____ Primary Registration District No. 2-28
City St. Louis (No. 3834² Ashland) St. _____ Ward _____

File No. 21299
Registered No. 5082
St. _____ Ward _____

2. FULL NAME

Madeline Amyalone
(a) Residence, No. 3834² Ashland St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR, OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Amyalone</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-12-1880</u>					
7. AGE		YEARS <u>53</u>	MONTHS <u>3</u>	DAYS <u>27</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>				
	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) <u>Italy</u>					
FATHER	13. NAME <u>John Egidio</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>				
MOTHER	15. MAIDEN NAME <u>Tranquice</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>				
17. INFORMANT <u>John Amyalone</u> (ADDRESS) <u>3834² Ashland</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calmery</u> DATE <u>June 12, 1933</u>					
19. UNDERTAKER <u>Stevens Highway & Bessie</u> (ADDRESS) <u>Stevens Highway & Lexington</u>					
20. FILED <u>14-10-1933</u> <u>J. F. Redick</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-9-1933

22. I HEREBY CERTIFY that I attended deceased from Jan. 3rd 1933 to June 9th 1933
I last saw her alive on June 9th 1933 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:
chronic myocarditis Date of onset 1/3/33
930 930
99 930
Other contributory causes of importance:
chronic arterial disease

Name of operation _____ Date of _____
(What test confirmed diagnosis? Block Pulse 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. Hayes M. D.
(Address) 634² Grand Blvd.

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.

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