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

Do not use this space.

27629

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160 — File No.

Township Central — Primary Registration District No. 4470 — Registered No. 91

City University City (No. 6523, Olive St Road St. Ward)

2. FULL NAME Anna Canepa

(a) Residence, No. 6523 Olive St Road 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): Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Frank Canepa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 1 1867

7. AGE: Years 66 — Months 2 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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: Unknown

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 (ADDRESS): Frank Canepa, 6523 Olive St Rd

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Calvary Cem. DATE: Sept 2 1933

19. UNDERTAKER (ADDRESS): Cullinane Bros. 1710 N. Grand Ave

20. FILED: Sept. 1, 1933 — Lena V. Moeller, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933, to August 29, 1933. I last saw h. alive on August 29, 1933. Death is said to have occurred on the date stated above, at 5:00 p.m.

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

	Date of onset
Acute Lobar Pneumonia	8-22-33
108	
920	
108	

Other contributory causes of importance: Chronic myocarditis about 1 year ago

Name of operation: No Date of:

What test confirmed diagnosis? Clinical 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) Edmund H. Smyth, M. D.

(Address) 705 Olive St

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.

SEP 26 1933

Dr. E. N. Snyder 3535 N. Newstead.
Co. 3182
Mo Baptist 10 30

Cullivane Bros.
Fr. 1192.

Dr. Snyder

4635 Delmar,