

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

Do not use this space.

28219

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. Deerpape Hospital) St. Ward)

File No.....
Registered No. 7347
St. Ward)

2. FULL NAME

(a) Residence, No. 819 Wash St., 25 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 <u>male</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>Francesco Lopiccolo</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1, 1878</u>		
7. AGE	YEARS	MONTHS
	<u>55</u>	<u>7</u>
		DAYS
		<u>23</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Fruit Dealer</u>	
	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) <u>about 2 yrs ago</u>	
	11. Total time (years) spent in this occupation <u>3 1/2 yrs</u>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
FATHER	13. NAME <u>Vincenzo Lopiccolo</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
	15. MAIDEN NAME <u>Philippa Alldo</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
17. INFORMANT <u>Mr Giuseppe Lopiccolo</u> (ADDRESS) <u>17819 Wash</u>		
18. BURIAL, CREMATION, OR REMOVAL		
	PLACE <u>Calvary</u>	DATE <u>Aug 26, 1933</u>
19. UNDERTAKER <u>Bennett - Niehaus</u> (ADDRESS) <u>1138 40th St</u>		
20. FILED <u>AUG 25 1933</u> <u>J. F. Bredack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1933, to August 24, 1933
I last saw h. in alive on August 24, 1933 Death is said to have occurred on the date stated above, at 8:30 Am.
The principal cause of death and related causes of importance were as follows:
Dysentery (Bacillary, Shiga) Date of onset 8/13
Embolic Pneumonia
Other contributory causes of importance:
135
110
1319

Name of operation..... Date of.....
What test confirmed diagnosis? Culture 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) Giuseppe Lopiccolo, M. D.
(Address) 4149 Magnolia

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

STATE HEALTH DEPARTMENT RECORD

