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

Do not use this space.
34503

File No. 8655
Registered No.

NOV 10 1933

1. PLACE OF DEATH

County
Registration District No. 791
Township
Primary Registration District No. 1009
City St. Louis, Mo. (No. Central Hosp - 4518 Washington St. Ward)

2. FULL NAME Margareth Vitale

(a) Residence, No. 4029 Glasgow St., 9 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Nicholas Vitale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	20	9	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Illinois

FATHER
13. NAME James Donovan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Anna Weissmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Nicholas Vitale
(ADDRESS) 4029 Glasgow

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Fri. 10/5 1933

19. UNDERTAKER Bedwik-Niehaus
(ADDRESS) 1138 No. 6th St.

20. FILED OCT -5 1933 J. F. Bredeck
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sep 24, 1933 to Oct 2, 1933
I last saw her alive on Oct 2, 1933. Death is said to have occurred on the date stated above, at 11:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 a Septic Endo.	
1 b Pneumonia	
1 c	
Other contributory causes of importance:	
Child Birth	
2 Exercise of influence	

Name of operation Child Birth Date of op. Sep 24 1933
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Dr. C. F. Hoerneman, M. D.
(Address) 2243 N. Grand

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.