

**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. 701  
Township..... Primary Registration District No. 1000  
City..... (No. 2837 Cass Ave) St. .... Ward)

File No. 34543  
Registered No. 8699  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2837 Cass St. 20 Ward.

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Mandina

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 13

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) Italy

13. NAME Anthony Fresa

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

15. MAIDEN NAME Epifonia Indelicato

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

17. INFORMANT Sam Bono (ADDRESS) 2837 Cass

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct. 6, 1933

19. UNDERTAKER Benstik Nuhau (ADDRESS) 438 1/2 6th St

20. FILED 101-111431 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1931, to Oct. 4, 1933

I last saw her alive on Oct. 4, 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:

1) Solar pneumonia  
2) Carcinoma of cervix  
4/3  
108  
Other contributory causes of importance: None

Date of onset Oct. 2, 33

Name of operation None Date of .....

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

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 .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. J. Signorelli, M. D. (Address) 1829 Cass

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.

NOV 10 1933

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

