

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

Do not use this space.

38674

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. VB
City St. Louis (No. 5124 Pattison)

File No.
Registered No. 10347
St. Ward)

2. FULL NAME ANTONETTA RANCILIO

(a) Residence, No. 5124 Pattison St., 4 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Rancilio

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 5 8

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife
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 Ambrose Puricelli

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

15. MAIDEN NAME Enrichetta Baroli

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

17. INFORMANT Mary Failla (ADDRESS) 5124 Pattison ave

18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter & Paul DATE Dec. 2 1933

19. UNDERTAKER Paul C. Calcuttara (ADDRESS) 5142 40th street ave

20. FILED 11-1-1933 1933 J. J. Brudick Registrar.

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-2 1932 to 11-28 1933
I last saw her alive on 11-28 1933. Death is said to have occurred on the date stated above, at 11 1/2 m.

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

Cirrhosis of liver Date of onset 1932
124B
118C
124B
118C
Other contributory causes of importance:
Gastric hemorrhage 11-27-33

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) L. G. Mulligan M. D.
(Address) 4928 Shaw

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.

WHITE FEMALE, WITH UNFADING TNRK---THIS IS A PERMANENT RECORD

23
16
16
16

