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.

B 27 1934

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

Do not use this space. 52 42223

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2018 Macklin Ave. St. ..... Ward)

File No. ..... Registered No. 79

2. FULL NAME Joseph Brasca

(a) Residence, No. 2018 Macklin Ave. St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Ronzini

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	5	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

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 Lonigi Brasca

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

MOTHER

15. MAIDEN NAME Gussippa Bussati

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

17. INFORMANT (ADDRESS) Rose Brasca 2018 Macklin

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. S. Peter & Paul DATE Jan 3 1934

19. UNDERTAKER (ADDRESS) Paul Calcaterra 5142 Daggett Ave.

20. FILED JAN -2 1934 19 J. F. Bredeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1933, to Dec 31, 1933

I last saw him alive on Dec. 31, 1933 Death is said to have occurred on the date stated above, at 7 45 p.m.

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

Chronic Heart Disease
Myocarditis
Auricular Fibrillation

Date of onset

Other contributory causes of importance: 93 D 95 B

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? .....

If so, specify .....

(Signed) Charles Montani, M. D.

(Address) 1926 A Cooper St.