

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

Do not use this space.

2712

791

346

1. PLACE OF DEATH

County.....

Registration District No. 1003

File No. ....

Township.....

Primary Registration District No. ....

Registered No. ....

City *St. Louis* (No. *1526* - *Franklin Ave*)

St. .... Ward

2. FULL NAME *Antina Desimoni*

(a) Residence, No. *1526 - Franklin St.*, *25* 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? *14* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 8 1934*

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF *Vito Desimone*

22. I HEREBY CERTIFY That I attended deceased from *12/26*, 1933, to *1/7*, 1933

I last saw her alive on *1/7*, 1933. Death is said to have occurred on the date stated above, at *3 a.* m.

The principal cause of death and related causes of importance were as follows:  
*Lobar pneumonia* Date of onset *12/30/33*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 25 - 1873*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*60 11 13*

Other contributory causes of importance:  
*Cold* *1008* Date *12/26/33*

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

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

10. Date deceased last worked at this occupation (month and year) *Sept 1933* 11. Total time (years) spent in this occupation *43*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mazzara Italy*

13. NAME *Vito Buzzanca*

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

15. MAIDEN NAME *Rosa DiLiberti*

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

17. INFORMANT *Vito Desimoni* (ADDRESS) *1526 Franklin*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cem* DATE *Jan 3 1934*

19. UNDERTAKER *Carroll J. Keels* (ADDRESS) *1138 N. ...*

20. FILED *J. Brebeck* Registrar

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? *na.*  
If so, specify .....

(Signed) *M. A. Pollack*, M. D.  
(Address) *303-7 Metropolitan Bldg*

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Lardner & Michael

Cardinal - Ricciardi and Co.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....  
(No. ....)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 346  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1526 Franklin 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19

*J. Bredeck*  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1934

I HEREBY CERTIFY, That I attended deceased from 12-26-33 to 1-7-34, 19

I last saw her alive on 1-7-34, 19. Death is said to have occurred on the date stated above, at 3 A.M.

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

Date of onset

Other contributory causes of importance:

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) , M. D.

(Address)

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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