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.

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

Do not use this space.

3306

SOLATION HOSP 791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 989

City St Louis Mo (No. ....., ... St. ..... Ward)

2. FULL NAME Pauline Regna

(a) Residence, No. 1416 Hogan St., 26 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1910

7. AGE: YEARS 23 MONTHS 3 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) St Louis Mo.

FATHER

13. NAME Achillo Regna
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME Josephine Catraguano
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Grace Barry 2600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Jan 29, 1934

19. UNDERTAKER (ADDRESS) Bensiek-Niehaus 1138 N. 6th

20. FILED ....., 19.. J. F. Bu[illegible]ck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933, to January 24, 1934
I last saw her alive on Jan. 24, 1934. Death is said to have occurred on the date stated above, at 11 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec. 1932
23	
25	

Other contributory causes of importance:

Tuberculosis of Intestine	July 1933

Name of operation none Date of .....
What test confirmed diagnosis? Sputum Was there an autopsy? no

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) Henry J. Ulrich, M. D.
(Address) SOLATION HOSPITAL