FEB 27 1934

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

Do not use this space.

3443

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township St Louis Primary Registration District No. 1003 Registered No. 1141

City St Louis (No. City Hosp #1 St. ..... Ward)

2. FULL NAME Marco Maffia 17177

(a) Residence, No. 1418 N 11th St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

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) May 21 1882

7. AGE YEARS 41 MONTHS 8 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME Contanilo Maffia

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

MOTHER

15. MAIDEN NAME Providinsa De Luca

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

17. INFORMANT (ADDRESS) Hosp Inf M. Kenft City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter & Paul DATE Feb 3 1934

19. UNDERTAKER (ADDRESS) Paul Calcaterra 5142 Haggett av

20. FILED JAN 31 1934, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1934

22. I HEREBY CERTIFY That I attended deceased from 1/13, 1934, to 1/29, 1934

I last saw him alive on 1/29, 1934. Death is said to have occurred on the date stated above, at 4:40 a.m.

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

Lobar Pneumonia

Date of onset

108

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) D B Elrod, M. D.

(Address) City Hosp

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.