

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.

MAR 24 1934

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

Do not use this space.

6426

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Firmis Desloge Hospital)

File No.
 Registered No. 1256
 St. Ward

2. FULL NAME

Theresa Monti
 (a) Residence, No. 5726 Fernon St., 5 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? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 - 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>37</u>	<u>10</u>	<u>15</u>	

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. House Wife

10. Date deceased last worked at this occupation (month and year) Dec 1933 11. Total time (years) spent in this occupation 67

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Asti Italy

13. NAME Sebastiano Miravalli
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Asti Italy

15. MAIDEN NAME Benedetta Sanbrone
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Asti Italy

17. INFORMANT (ADDRESS) Joseph Monti 5726 Fernon

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill DATE Feb 5 1934

19. UNDERTAKER (ADDRESS) Catholic Micheli 1133 Washington St

20. FILED FEB 23 1934 J. H. Debeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 - 1934 to Feb 1 1934.
 Next saw her alive on Feb 1 - 1934. Death is said

to have occurred on the date stated above, at 11:15 p.m.

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

abscess of neck (extensive from left parotid gland) Cause unknown non-communicable

Other contributory causes of importance:

11512
11512
 Name of operation Diphtheria Date of 2-1-34
 What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Charles T. Sharwin, M. D.
 (Address) 3730 Washington St. St. Louis

