

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*

File No. *6682*
Registered No. *1531*

2. FULL NAME

(a) Residence, No. *5043 Delmar Bldg 17* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. (F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF) <i>Rose Badaracco (Berero)</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 28, 1883</i>		
7. AGE	YEARS <i>51</i>	MONTHS <i>0</i>
	DAYS <i>12</i>	IF LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Restaurant Owner</i>		11. Total time (years) spent in this occupation.....
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).....

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

13. NAME *Barthina Badaracco*

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

15. MAIDEN NAME *Angelina Grandolfo*

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

17. INFORMANT (ADDRESS) *Rose Badaracco, 5043 Delmar Bldg.*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Calvary Feb. 13 1934*

19. UNDERTAKER (ADDRESS) *Walter Hermann and Son, 4108 East Fair Way*

20. FILED *17 1934*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 9 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *3:30 P.M.*

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

Date of onset *9.2.34*

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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? If so, specify.....

(Signed) *Harold DeLong*, M. D.
Harold DeLong
(Address) *17/34*

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.

