

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.

MAY 25 1934

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

Do not use this space.

11431

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No.....)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 3759
St..... Ward.....

2. FULL NAME Infant Pelletieri

(a) Residence, No. 4933 Shaw St. 18 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-21-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or 15 min.
New Born

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) St. Louis Mo (STATE OR COUNTRY)

MOTHER 13. NAME Giuseppe Pelletieri

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

15. MAIDEN NAME Genevieve Jenare

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

17. INFORMANT Mrs Genevieve Pelletieri (ADDRESS) 4933 Shaw Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Ave DATE 3-22 1934

19. UNDERTAKER Dept of Pathology (ADDRESS)

20. FILED April 14 1934 J. Biedock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22 1934

22. I HEREBY CERTIFY, That I attended deceased from March 21 1934 to March 22 1934
I last saw him alive on March 21 1934. Death is said to have occurred on the date stated above, at 1:20 A.M.

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

Prematurity Date of onset 15
159
Other contributory causes of importance:
Atelectasis

Name of operation no 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? no
If so, specify.....

(Signed) J. K. Brown M. D.
(Address) 630 S. Kingshighway Blvd.

