

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.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

File No.....

Registered No.....

St..... Ward.....

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds.

St. 7

Ward.

How long in U. S., if of foreign birth? 20 yrs. mos. ds.

791  
1003

15047

4260

Jewish Hospital

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 Frisello*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 7 - 1900*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *33 11 19*

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) *April 1934* 11. Total time (years) spent in this occupation *17*

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

13. NAME *Francesco, Emma*

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

15. MAIDEN NAME *Briggita Arcapaci*

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

17. INFORMANT (ADDRESS) *Joseph Frisello 4970 - Thrush*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Catholic* DATE *April 28, 1934*

19. UNDERTAKER (ADDRESS) *Catholic - Miceli 1133 N. Kingshighway*

20. FILED *EP 27 1934* *J. Brebeck* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/24 1934*

22. I HEREBY CERTIFY, That I attended deceased from *4/4* 1934, to *4/24* 1934

I last saw him alive on *4/24* 1934. Death is said to have occurred on the date stated above, at *12:30 Am.*

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

*Peritonitis, acute*  
*Cancer*  
*Ca. of transverse colon*  
*(resection performed)*

Other contributory causes of importance: *46*

Name of operation *Resection of large bowel* Date of *4/24/34*  
What test confirmed diagnosis? 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?

If so, specify *no*  
(Signed) *Harry Agnes* M. D.  
(Address) *Jewish Hospital, St. Louis*

