

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

Do not use this space.

1. PLACE OF DEATH

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

Registration District No. **791**
1003
Primary Registration District No.....
(No. 5446 Bishoff Ave.)

File No. 22374
Registered No. 6157
St. Ward.....

2. FULL NAME Mary Puglisi

(a) Residence, No. 5446 Bishoff Ave. St. 13 Ward.....
(Usual place of abode)

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 1890

7. AGE YEARS 43 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

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

13. NAME Santo Vazzano

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

15. MAIDEN NAME Guisseppa Murgi

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

17. INFORMANT Nick Puglisi (ADDRESS) 5446 Bishoff

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter-Paul DATE June 25 1934

19. UNDERTAKER Paul Calabrese (ADDRESS) 5142 Daggett Ave

20. FILED 25 1934 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1934

22. I HEREBY CERTIFY That I attended deceased from the 1933 to June 22, 1934

I last saw h. on June 22, 1934 Death is said to have occurred on the date stated above, at 6:30 am.

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

Hypertensive myocardia Date of onset Nov 1933
930
950
930
Other contributory causes of importance Chronic myocardia

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

What test confirmed diagnosis? EKG 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) J. H. Ready M. D.
(Address) 401 Humboldt Bldg

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. JUL 13 1934

OCCUPATION
FATHER
MOTHER

