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

Do not use this space.

26474

File No. 6637

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis. (No. 1913 Warne av. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Sam Seiluffo

(a) Residence, No. 1913 - Warne av. St., 11 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.

AUG 14 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

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~~ Antonina Seiluffo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 1889

7. AGE Years 45 Months 3 Days 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Jan 1934

11. Total time (years) spent in this occupation 20 yrs.

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

FATHER

13. NAME Antonio Seiluffo

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

MOTHER

15. MAIDEN NAME Antonina Tarmina

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

17. INFORMANT Antonina Seiluffo
(ADDRESS) 1913 - Warne av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 7 1934

19. UNDERTAKER Cardinal Micceli
(ADDRESS) 1133 N. Kingshighway

20. FILED AUG 5 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/25/ 1934 to 7/4/34 19.... I last saw h. alive on 7/4/34 19.... Death is said to have occurred on the date stated above, at 4:30 m.

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

	Date of onset
2 Myocarditis, Chr.	5/25/34
12 Arc.	
17	
	1/1/33

Other contributory causes of importance: Hodgkins Disease

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Nicholas S. Patale M. D.
(Address) 3861 St Louis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1000 11-24-33