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

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.

AUG 16 1934

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

Do not use this space.

26722

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6905

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. St. Johns Hospt. St. ..... Ward)

2. FULL NAME Theresa Clavenna

(a) Residence, No. 5585a Landsdowne St., 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Louis Clavenna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6 1912

7. AGE: YEARS 21 MONTHS 10 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) St. Louis Mo.

FATHER

13. NAME Joseph Vengussi
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME Rose Venegone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Louis Clavenna 5585a Landsdowne

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S. Peter & Paul DATE July 16 1934

19. UNDERTAKER (ADDRESS) Paul Calcaterra 5142 Daggett Ave.

20. FILED JUL 14 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4 1934 to July 13, 1934
I last saw her alive on July 13, 1934 Death is said to have occurred on the date stated above, at 1 15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1) inter-partum and post-partum hemorrhage	July 12 1934
2) Shock	
1448	
Other contributory causes of importance:	
1447 Pregnancy	about Oct 1933
1450	

Name of operation Version Date of July 12 1934
What test confirmed diagnosis? Clinical 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) Charles Montani, M. D.
(Address) 1926 A Cooper St