

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

Do not use this space

27235

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
(No. **1025 N**)

File No.....
Registered No. **7473**
St..... Ward.....

2. FULL NAME

(a) Residence, No. **1025 N 8** St., **25** 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Squazigo Sansone</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>		
7. AGE YEARS <i>about 69</i>	MONTHS	DAYS
If LESS than 1 day, hrs. or mln.		

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) (STATE OR COUNTRY)
Italy

MOTHER FATHER 13. NAME
Francesca Gango

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

15. MAIDEN NAME
Diana Gentile

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

17. INFORMANT (ADDRESS)
Mrs. Mariano Scarpace
1025 N 8

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Calvary* DATE *July 26 1934*

19. UNDERTAKER (ADDRESS)
Bluesch & Schaefer
1138 N 19 St

20. FILED *JUL 25 1934*
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from *July 22 1934* to *July 22 1934*

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *6:30 a.m.*

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

Date of onset

Epicemic heat *305*

Other contributory causes of importance:

191

Name of operation..... 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?.....

If so, specify..... (Signed) *J. Bredeck*
(Address) *1138 N 19 St*

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 15 1934

22
11
16
18

