

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

Do not use this space.

OCT 24 1934

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6039
City St. Louis (No. 3313 Cooper St)

File No. 33956
Registered No. 192
St. _____ Ward)

2. FULL NAME

(a) Residence, No. St. Louis Training School Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 5 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 5 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not any

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) St. Louis, Mo

13. NAME Pasquella Cassani

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

15. MAIDEN NAME Mery Facendini

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

17. INFORMANT Records of St. Louis Training School
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter - Paul DATE Sept 25, 1934

19. UNDERTAKER Paul C. Calcaterra
(ADDRESS) 5142 Daguerre Ave

20. FILED 24 24 1934 H. J. Geitler
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 9-25-25, 1934, to Sept. 23, 1934

I last saw him alive on Sept. 23, 1934. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Syphilis of Central Nervous System Date of onset 1928

Other contributory causes of importance: 34

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? No.
If so, specify _____

(Signed) _____, M. D.
(Address) Dr. W. M. Eldredge, M.D.
St. Louis Training School

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

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.

Calcaterra

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