

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

Do not use this space.

34213

OCT 11 1934

1. PLACE OF DEATH 1
 County _____ Registration District No. 791
 Township _____ Primary Registration District No. 1003
 City St Louis (No. 1917 Bacon) St. _____ Ward _____
 2. FULL NAME Susanna Lima
 (a) Residence, No. 1917 Bacon St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Salvatore Lima
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1886
 7. AGE YEARS 48 MONTHS 7 DAYS 27
 If LESS than 1 day, _____ hrs. or _____ min.
 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. Housework
 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 Vito Pisciatto
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
 15. MAIDEN NAME Vita Clisente
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
 17. INFORMANT Mrs Vito Pisciatto (ADDRESS) 1917 Bacon
 18. BURIAL, CREMATION, OR REMOVAL Burial DATE Sept 10 34
 19. UNDERTAKER Reuben Michael (ADDRESS) 1138 1/2 N 5th St
 20. FILED Sept 9 34 13 Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1934
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 27 1934 to Sept. 7 1934
 I last saw her alive on Sept. 7 1934. Death is said to have occurred on the date stated above, at 4:30 pm.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset Do not know
59
 Other contributory causes of importance Banquine (Diabetes) of right foot Date of July 10 34
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) Arthur J. Klykamp, M. D.
 (Address) 3834 Jr Lewis Ave

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

