

WRITE 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.

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

Do not use this space.

34262

OCT 11 1934

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City **St. Louis** (No. **2585 Montgomery**) St. Ward)

File No.
Registered No. **9055**

2. FULL NAME

Gaspare Misuraca
(a) Residence, No. **2585 Montgomery St.** Ward. **20**
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **19** yrs. mos. 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 (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Maria Misuraca**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 25, 1876**

7. AGE YEARS **57** MONTHS **10** DAYS **14** IF LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired**

10. Date deceased last worked at this occupation (month and year) **1931** 11. Total time (years) spent in this occupation. **Life**

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

13. NAME **Misuraca**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Mrs. Maria Misuraca 2585 Montgomery**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Sept 12, 34**

19. UNDERTAKER (ADDRESS) **Bessie J. Giehard 1138 W. 4th St.**

20. FILED **SEP 11, 1934** **J. Bredeek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 9 34**

22. I HEREBY CERTIFY, That I attended deceased from **2-16-1934** to **9-9-1934**

I last saw him alive on **9-9-1934** Death is said to have occurred on the date stated above, at **203A** m.

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

cerebral palsy **34** **203A** **34** **7**

Other contributory causes of importance: **Lues (Syphilis)**

Name of operation **None** Date of

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? **No** Date of injury, 19

Where did injury occur? **No** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **None** Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No** If so, specify

(Signed) **Nicholas S. Vitale**, M. D.

(Address) **3861 St. Louis Ave.**

