

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.

DEC 13 1934

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

Do not use this space.

41019

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. Mo. Baptist Hospt.)

File No. ....

Registered No. 10968

2. FULL NAME Ugolina Baldesi

(a) Residence, No. 2818 Dalton St., St. 3 Ward.

(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 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 Albert Baldesi

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 2 1

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) Italy

13. NAME John Banacchio

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

15. MAIDEN NAME Arminda Unknown

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

17. INFORMANT Albert Baldesi (ADDRESS) 2818 Dalton

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE Nov. 19 1934

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

20. FILED UV 16 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-16-1934 to 11-15-1934  
I last saw h. ea alive on 11-15-1934. Death is said to have occurred on the date stated above, at 11 P. M.  
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset 11/15/34  
50  
939  
50  
Other contributory causes of importance: Carcinoma, Rt. Breast ?

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?..... (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) Nicholas S. Vitale, M. D.  
(Address) 3861 St. Louis Ave.

