

DEC 13 1934

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

Do not use this space.

41424
30/34

1. PLACE OF DEATH

County Registration District No. 7207
Township Primary Registration District No. 3013
City St. Louis (No. City Hospital) St. 23 Ward.

File No.
Registered No. 41410
St. Ward)

2. FULL NAME Ludwig Perfido

(a) Residence, No. 1431 S 3rd Str St. 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1880.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 54. - - - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quick Lunch
10. Date deceased last worked at this occupation (month and year) 11/25/34.
11. Total time (years) spent in this occupation 10.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Itly.

13. NAME Un Known.

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

15. MAIDEN NAME Un Known.

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

17. INFORMANT (ADDRESS) Ludwig Perfido 1431 S. 3rd Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Matthews, DATE Dec 13, 1934

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 2301 Lafayette

20. FILED 30 1934, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 4:45 a.m.

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

Hemorrhage of brain, left cerebellum
Cardiac hypertrophy
95B
82B

Other contributory causes of importance:
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?
If so, specify
(Signed) (Address)

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.

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16
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