

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

Do not use this space.

JAN 14 1935

44652

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. St. Johns Hospt. St. .... Ward) .....

File No. 11761  
Registered No. ....

**2. FULL NAME** Anna Corda

(a) Residence, No. 2601 Macklind Ave. St. 13 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>James Corda</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Nov. 15 1882</b>		
7. AGE <b>52</b>	YEARS <b>0</b>	MONTHS <b>26</b>
		DAYS <b>26</b>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>House</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Wife</b>
	10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....	

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

13. NAME **Carlo Brusasco**

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

15. MAIDEN NAME **Theresa Nabia**

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

17. INFORMANT James Corda  
(ADDRESS) 2601 Macklind

18. BURIAL, CREMATION, OR REMOVAL PLACE C. Calvary Cem. Dec. 13 1934

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

20. FILED 12 1934 19..... J. F. Brudeck  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 1934  
22. I HEREBY CERTIFY, That I attended deceased from November 30, 1934 to Dec. 11 1934  
I last saw her alive on Dec. 11 1934. Death is said to have occurred on the date stated above, at 2 p. m.  
The principal cause of death and related causes of importance were as follows:

<u>Lobar pneumonia</u>	Date of onset <u>11-30-34</u>
<u>Chronic Myocarditis</u>	
<u>Secondary Bronchopneumonia</u>	<u>12-9-34</u>

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Charles Montani, M. D.  
(Address) 1926 A Cooper St.

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

non *fructuosa* ♀