

JAN 14 1933

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

Do not use this space.

45100

1. PLACE OF DEATH

County ..... Registration District No. 701  
Township ..... Primary Registration District No. 701  
City St. Louis (No. Parkview Hotel) St. .... Ward)

File No. ....  
Registered No. 12257

2. FULL NAME

Elga Humball Cavalli  
(a) Residence, No. Parkview Hotel St. 17 Ward.

(Usual place of abode) 40 N. Kings Highway (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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25-1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Cavalli

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1934, to Dec 25, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27, 1860

I last saw her alive on Dec 25, 1934 Death is said to have occurred on the date stated above, at 12 noon

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>73</u>	<u>11</u>	<u>28</u>	

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

Coronary thrombosis

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

Other contributory causes of importance: None

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

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) St. Helena

13. NAME Geo. W. Humball

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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

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. ....

15. MAIDEN NAME Oran Coraline McTeague

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

17. INFORMANT Frank Cavalli  
(ADDRESS) Parkview Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE 12-27-34

19. UNDERTAKER W. J. Schaefer  
(ADDRESS) 4128 N. Kings Highway

20. FILED 1934 Registrar J. P. Bredesk

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ..... (Signed) Wesley Luten, M. D.  
(Address) St. Louis, Mo.

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.

27-25

33

33

33

Mr. Luntz  
3720 Washburn  
3:30 P.M.