

FEB 21 1935

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

Do not use this space.

3617

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1000  
City..... (No. Jewish Hospital) St. .... Ward)

File No. ....  
Registered No. 981

2. FULL NAME

Antonietta Cafazza  
(a) Residence, No. 2135 Curr St. 21 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Anthony Cafazza</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 1891</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>4</u>
	DAYS <u>7</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1935  
22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1935 to Jan 23 1935  
I last saw her alive on Jan 23 1935 Death is said to have occurred on the date stated above, at ..... P. M.  
The principal cause of death and related causes of importance were as follows:

Cerebrothrombosis  
hypertensive  
arteriosclerosis  
Date of onset 2 days  
Other contributory causes of importance:  
hypertensive  
arteriosclerosis  
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? No  
If so, specify.....  
(Signed) Lorely G. Saly M. D.  
(Address) 717 Washington

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
MOTHER	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>
	17. INFORMANT (ADDRESS) <u>Anthony Cafazza</u> <u>2135 Curr</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Jan 26 35</u>	
19. UNDERTAKER (ADDRESS) <u>J. J. Debeck</u> <u>1138 260 6th St</u>	
20. FILED <u>JAN 29 1935</u> <u>J. F. Debeck</u> Registrar.	

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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