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

MAR 1 5 1935

Do not use this space.

7006

1415

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5659 Vernon Ave. St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Leonard Selvaggi

(a) Residence, No. 5659 Vernon Ave. St., 5 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Selvaggi (Colone)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	6	14 ~~13~~	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Leonard Selvaggi

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

MOTHER

15. MAIDEN NAME Mary Giovannia Liuzzi

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

17. INFORMANT (ADDRESS) Virginia Selvaggi 5659 Vernon ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Feb. 11, 1935

19. UNDERTAKER (ADDRESS) Bensiek Niehaus 1138 N. 6

20. FILED FEB 11 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1931, to Feb - 8, 1935

I last saw him alive on Feb 5, 1935. Death is said to have occurred on the date stated above, at 10:30 PM

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:
Bronchial asthma
Congestive Heart failure

Name of operation none Date of none

What test confirmed diagnosis? Usual Was there an autopsy? .....

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? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify no

(Signed) Chor Willem, M. D.

(Address) 835 Missouri Bldg