

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.

APR 9 1935

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

Do not use this space.

10717

1. PLACE OF DEATH

County
Township
City *St. Louis* (No.)

Registration District No. **791**
1003
Primary Registration District No.
at City Hospital #1

File No.
Registered No. **2336**
St. Ward)

2. FULL NAME

(a) Residence, No. *John Pagella* St. *8* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED *WIDOWED* (OR) WIFE OF *Louise Pagella*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 29-1908*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 0 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Shipping Clerk*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *St. Louis Screw Co.*
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) *Italy*

13. NAME *Joseph Pagella*

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

15. MAIDEN NAME *Emilia Foss*

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

17. INFORMANT *Joseph Pagella* (ADDRESS) *747 Ponce St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Graciers Mt.* DATE *Mar. 13* 19*35*

19. UNDERTAKER *Callahan Bros* (ADDRESS) *1710 N. Grand St.*

20. FILED *MAR 11 1935* *Joe J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 10* 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw him alive on *Mar. 10* 19 *35* Death is said to have occurred on the date stated above, at *539* m.
The principal cause of death and related causes of importance were as follows:

Small Tumour of Dura Mater
Oedema of Brain
Lobar Pneumonia, right side
(Malignant Tumour Dura Mater)

Other contributory causes of importance:

53

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) *John J. Ramsey* M. D.
(Address) *St. Louis*

3/11/35

