

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

Do not use this space.

APR 29 1935

14339

1. PLACE OF DEATH

County.....*Christian Hosp*..... Registration District No. **791**
 Township.....*St Louis 2nd*..... Primary Registration District No. **1003**
 City.....*St Louis 2nd* (No., St. Ward)

File No.**3156**.....
 Registered No.
 St. Ward)

2. FULL NAME

Vita Randazzo
 (a) Residence, No.*2615 N 22nd St*..... St. **20** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *24* yrs. mos. ds. *111* How long in U. S., if of foreign birth? *24* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Francesco Randazzo*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 15 1869*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>72</i>	<i>10</i>	<i>19</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Home Work*
 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) *Castelnuovo Italy*

FATHER 13. NAME *Giuseppe Trombino*

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

MOTHER 15. MAIDEN NAME *Angelina Trombino*

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

17. INFORMANT (ADDRESS) *Vincenzo Randazzo 4747 Hammond St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Ct* DATE *April 6 1935*

19. UNDERTAKER (ADDRESS) *Pasquale Miceli 1133 N Kingshighway*

20. FILED *5 1935* Registrar *J. Bedelek*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-4-35* 19
 22. I HEREBY CERTIFY, That I attended deceased from *12-8-1934* to *4-4-1935*
 I last saw her alive on *4-4-1935* Death is said to have occurred on the date stated above, at *9:40 am*
 The principal cause of death and related causes of importance were as follows:

Apoplexy
Hypertension
 Other contributory causes of importance:
 Date of onset *4/4/35*
82
12/8/35

Name of operation *None* Date of
 What test confirmed diagnosis? *Clinical* 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
 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 *None*
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify (Signed) *Nicholas S. Vitale; M. D.*
 (Address) *3861 St Louis 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.

