MAY 13 1935

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

Do not use this space.

14551

791

1003

File No.

Registered No. 3384

**1. PLACE OF DEATH**

County

Township

City St Louis Mo (No. Barnes Hosp St. Ward)

Registration District No.

Primary Registration District No.

**2. FULL NAME** Jennie Dorancricchio

(a) Residence, No. 1005 Wash St., 25 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: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jasper Dorancricchio

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 16, 1907

7. AGE: 27 YEARS, 4 MONTHS, 26 DAYS. If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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 Louis Mo

FATHER

13. NAME: Frank Mercurio

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

MOTHER

15. MAIDEN NAME: Mary Mercurio

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

17. INFORMANT (ADDRESS): Jasper Dorancricchio 1005 Wash

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Apr 15 1935

19. UNDERTAKER (ADDRESS): Bensell-Mehan 1158 N. 6th

20. FILED APR 13 1935 J. F. Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-12-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-20-1935, to 4-12-1935.

I last saw her alive on 4-12-1935. Death is said to have occurred on the date stated above, at 3 15 a.m.

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

Peritonitis, Acute. Date of onset

Caused by removal of gall Bladder with stones

Other contributory causes of importance: Partial Intestinal Obstruction

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Name of operation: Cholecystectomy Date of March 26

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?

If so, specify

(Signed) James E. Pittman, M.D.

(Address) Barnes Hospital

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.