

MAY 13 1935

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

Do not use this space.

14582

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City **St. Louis**(No. **Mo. Baptist Hospt.**)

File No.....

Registered No. **3415**

St. .... Ward)

2. FULL NAME **Emelia Ruggeri**(a) Residence, No. **5217 Botanical Ave. St., 13** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Joseph Ruggeri**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 8 1881**7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**53 4 4**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Wife**  
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 **Philipo Ruggeri**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**15. MAIDEN NAME **Louisa Miriani**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**17. INFORMANT **Joseph Ruggeri**  
(ADDRESS) **5217 Botanical**18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter & Paul** DATE **April 14 1935**19. UNDERTAKER **Paul Calcaterra**  
(ADDRESS) **5142 Daggett Ave.**20. FILED **APR 15 1935** **J. B. Beck**  
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 **4-5-1935** 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 **11:30 a.m.**

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

**Chronic Alcoholism**  
**(Delirium tremens)**  
**Hypostatic pneumonia**  
Date of onset **4-1-35**  
**4-3-35**

Other contributory causes of importance:

**Dr. states pneumonia is neither bronchial nor lobes unspecified**

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) **L. B. Milliken**, M. D.(Address) **2608 S. Kings Highway**

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.

San Francisco