

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.

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

Do not use this space.

JUN 28 1935

17700

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Central Primary Registration District No. 6033^a
City Clayton (No. 6515, San Bonita) St. _____ Ward _____

File No. _____

Registered No. 151

2. FULL NAME

(a) Residence, No. 6515 San Bonita St., _____ 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Costa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18-1876

7. AGE YEARS 58 MONTHS 6 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Italy

13. NAME Salvador Caspaci

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

15. MAIDEN NAME Augustina Spicuzza

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

17. INFORMANT M. R. D. Pettevoo (ADDRESS) 6515 San Bonita

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE 5/8 1935

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly 3840 Clinton 13th

20. FILED 5/7 1935 Roth J. Ambrose Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5- 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-23 1935 to 5-5 1935

I last saw her alive on 5-3- 1936 Death is said to have occurred on the date stated above, at 7:15 p. m.

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

Carcinoma of lungs Date of onset 6 mo ago

Other contributory causes of importance: W

Name of operation Biopsy at Barnes Date of _____
What test confirmed diagnosis? 4 weeks ago 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? No
If so, specify _____

(Signed) Joseph Davis M. D. (Address) 6513 Century Italy

Dr. Brown
Chemical Plant

2-1-10