

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18081

File No. _____
Registered No. 4424
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 1003
Township _____ Primary Registration District No. _____
City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME

Carinella Mandrillo
(a) Residence, No. 3210 N. Taylor St. 10 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? 26 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Mandrillo

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935, to May 15, 1935. I last saw her alive on May 15, 1935. Death is said to have occurred on the date stated above, at 1:00 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30-1890

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 44 7 15

Meningococcal Meningitis Date of onset 5:30 P.M.

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. House Wages

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: 18

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

13. NAME Peter Belgarde

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

15. MAIDEN NAME Jenny Plemisso

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

17. INFORMANT (ADDRESS) W. Kelly, 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabvary Cemt DATE May 18, 1935

19. UNDERTAKER (ADDRESS) Pasquale Miceli, 1132 One Kingshighway

20. FILED MAY 16 1935 19. J. J. Braddock Registrar.

Name of operation none Date of _____
What test confirmed diagnosis? Clemson Was there an autopsy? no

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) H. J. Ulrich, M.D. M. D.
(Address) 5700 Arsenal St. St. Louis

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.

JUN 12 1935

