

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 12 1935

18362

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. **791**
Primary Registration District No. **1003**
(No. *1205 Childress Ave.*)

File No.....
Registered No. **4715**
St..... Ward.....

2. FULL NAME

(a) Residence, No. *1205 Childress St.* Ward. *4*

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Vittoria Serviani</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 30, 1874</i>		
7. AGE	YEARS <i>60</i>	MONTHS <i>7</i>
	DAYS <i>25</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laborer</i>	
	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) <i>Italy</i>		
FATHER	13. NAME <i>Carman Serviani</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>	
MOTHER	15. MAIDEN NAME <i>unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>	
17. INFORMANT <i>Mrs. Vittoria Serviani</i> (ADDRESS) <i>1205 Childress Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cathary Cem</i> DATE <i>5-28 35</i>		
19. UNDERTAKER <i>Truchamer Mortuaries</i> (ADDRESS) <i>27 N 35 St. Highway</i> MHT <i>27-1355</i>		
20. FILED 19..... <i>J. J. Bedeck</i> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-25 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 26- 1934* to *May 25- 1935*
I last saw him alive on *May 25- 1935*. Death is said to have occurred on the date stated above, at *7:15 a.m.*
The principal cause of death and related causes of importance were as follows:
Carcinoma of pancreas
Nephritis chronic

Other contributory causes of importance:
None

Name of operation *Exploratory* Date of *3-1-1935*
What test confirmed diagnosis: *operation* 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) *Dr. A. M. Tripodi*, M. D.
(Address) *937 Ma. Bldg. St. Louis, Mo*

Mr. Tripodi
3-51 5th Bldg