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

Do not use this space.

24574

AUG 9 1935

791

1003

5960

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. St Anthony Hospital St. ..... Ward)

File No. ..... Registered No. 5960

2. FULL NAME Frank Calcaterra

(a) Residence, No. 5 I8 Bates St., 15 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: Male

4. COLOR OR RACE: white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE Maria Belolli

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE: about 78 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. proprieta restaurent

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) Cuggiono Italy

FATHER

13. NAME Unknowen

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

MOTHER

15. MAIDEN NAME Unknowen

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

17. INFORMANT Charles Calcaterra
(ADDRESS) 518 Bates St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis Paul DATE July 13 1935

19. UNDERTAKER Paul C Calcaterra
(ADDRESS) 5142 Daggett

20. FILED 12 1935, 19 J A Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1935 to July 9, 1935

I last saw h... alive on July 9, 1935 Death is said to have occurred on the date stated above, at 12 midnite

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

	Date of onset
Generalized arterio-sclerosis	unknown
Carcinoma Prostate	
Myocardial degeneration	

Other contributory causes of importance:

51

Name of operation Prostatic Resection Date of Oct 7 35

What test confirmed diagnosis? Tissue Exam. 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? —

If so, specify —

(Signed) E Carr Edelton, M. D.

(Address) 1020 Paul Brown

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.

Dr E E Sexton
Paul Brown Bldg