

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

Do not use this space.

AUG 9 1935

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1. PLACE OF DEATH

County Horne 4943
Township Shaw av
City St. Louis mo (No. 4934 Shaw)

Registration District No.
Primary Registration District No.

File No.
Registered No. 6534
St. Ward)

2. FULL NAME

Filomena Vaccaro
(a) Residence, No. 4943 Shaw av St., 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? 14 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Gaetano Vaccaro</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17 1843</u>		
7. AGE YEARS <u>92</u>	MONTHS <u>2</u>	DAYS <u>13</u>
If LESS than 1 day,hrs. ormin.		

OCCUPATION

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

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

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) Castelltermini Italy

FATHER

13. NAME Sarafino Sardo

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

MOTHER

15. MAIDEN NAME Maria Cannella

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

17. INFORMANT (ADDRESS) Silvestro Vaccaro 4943 Shaw av.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter and Paul DATE Aug. 1st 1935

19. UNDERTAKER (ADDRESS) Pasquale Miceli 4133 W. Kingshighway St. Louis

20. FILED JUL 31 1935 J. J. Borekch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1935, to July 29th 1935
I last saw the alive on July 29th 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Date of onset

Old age 930

Other contributory causes of importance:
Chronic Myocarditis
Heart Failure

Name of operation

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?

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 Louis Catali, M. D.
(Address) 5745 Shaw ave

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.

