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

NOV 2 1935

Do not use this space.

31342

File No. 8179

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township 4459 St Louis av. Primary Registration District No. 1003

City St Louis mo (No. 4459 St Louis Ave. St. ..... Ward)

2. FULL NAME Mary Evola

(a) Residence, No. 4459 St Louis av. St., 10 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Joseph Evola

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15, 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
45	1	12	

OCCUPATION

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 Work

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) E. St Louis Ills.

FATHER

13. NAME Mack Dorgam

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

MOTHER

15. MAIDEN NAME Mary (unknown)

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

17. INFORMANT Joseph Evola
(ADDRESS) 4459 St Louis Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Sept 30 1935

19. UNDERTAKER Pasquale Miceli
(ADDRESS) 1133 No. Kingshighway

20. FILED SEP 28 1935 19 J F Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30 P.m.

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

Chr. Myocarditis
Arteriosclerosis
Cirrhosis of liver

Date of onset

Other contributory causes of importance:

12 4 b

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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?

If so, specify

(Signed) Harold [illegible], M. D.

(Address) Dipfor