

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

Do not use this space.

DEC 12 1933

791

37589

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 1092 File No. 9560  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City St. Louis (No. Lutheran Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3422 Gravois St. 904 Ward. 16 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Betty Cafferata</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 31-1871</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>7</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salom Proprietor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired Sys</u>	
	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) <u>Italy</u>		
FATHER	13. NAME <u>Paul Cafferata</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
17. INFORMANT (ADDRESS) <u>Betty Cafferata</u> <u>3422 Gravois Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Nov 16 35</u>		
19. UNDERTAKER (ADDRESS) <u>Wacker, St. Charles</u> <u>15 Broadway</u>		
20. FILED <u>NOV 15 1933</u> 331 <u>St. Bridget</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1933 to Nov 14 1933  
 I last saw him alive on Nov 14 1933 Death is said to have occurred on the date stated above, at 9 P m.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Chr. myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? None Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? None  
 (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) S. H. Hain M. D.  
 (Address) So. St. Louis, Mo.

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.

