DEC 12 1935

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

Do not use this space.

791

37890

1. PLACE OF DEATH

County ..... Registration District No. 1003 ..... File No. 9869

Township ..... Primary Registration District No. ..... Registered No. .....

City 63 St. Louis (No. 631 Loughborough St. ..... Ward)

2. FULL NAME Olive Vitale

(a) Residence, No. 631 Loughborough St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sam Vitale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 9, 1897

7. AGE: YEARS 38 | MONTHS 6 | DAYS 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): St Louis

FATHER

13. NAME: John Bloecher
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER

15. MAIDEN NAME: Lena R. Mayer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

17. INFORMANT (ADDRESS): Sam Vitale 631 Loughborough

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope DATE 11-26 1935

19. UNDERTAKER (ADDRESS): Southern Und Co 1322 S. Grand

20. FILED NOV 25 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1935 to 11-23, 1935

I last saw her alive on 11-23, 1935 Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Primary Carcinoma of Breast - 50

Date of onset

Other contributory causes of importance: Metatase of Carcinoma to Liver - ribs -

Name of operation Removal Breast Date of 1930

What test confirmed diagnosis? section Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1927 1935

Where did injury occur? 353 Delor (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Explosion water heater

Nature of injury Burn of body & injury of iron

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin J Vitt M. D.

(Address) 3803 So Broadway

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. Vitt
3805a S Rockwy.
Lac. 1818