WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC 12 1935

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

Do not use this space.

791

1003

37980

File No.

Registered No. 9992

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City St. Louis, Mo. (No. St. Childrens Hosp St. ..... Ward)

2. FULL NAME Marco Pitliangas

(a) Residence, No. 4229 Shenandoah Ward. 17
(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: Hhb.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7/30/30

7. AGE: YEARS 5 | MONTHS 3 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

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. ✓

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, Mo.

FATHER

13. NAME: Nicholas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greece

MOTHER

15. MAIDEN NAME: Lita Rouzeau

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greece

17. INFORMANT (ADDRESS): T. Westhoff 500 So. Broadway

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews Cem. DATE Nov. 29, 1935

19. UNDERTAKER (ADDRESS): MULLEN BROS. 4259 Lindell Blvd.

20. FILED NOV 28 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/12/35, 19..., to 11/26/35, 19...

I last saw him alive on 11/26/35, 19... Death is said to have occurred on the date stated above, at 6:25 a.m.

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

	Date of onset
Exstrophy of Bladder	Birth
Peritonitis - B Coli (Post-operative)	
157d	

Other contributory causes of importance:

Name of operation Ureteral Transplant Date of 11-20-35

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) R. S. Smith M. D.

(Address) Barnes Hospital