FEB 11 1936

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

Do not use this space.

3606

File No. 848

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 5518 Clayton St. Ward)

Registration District No. 791

Primary Registration District No. 1008

2. FULL NAME Carlo Borrini

(a) Residence, No. 5518 Elizabeth St. 13 Ward.
(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: white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marietta Borrini

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE: Years about 72 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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) Italy

FATHER

13. NAME unknown

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT Miss M. Borrini
(ADDRESS) 5518 Elizabeth

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter & Paul DATE Jan 25, 1936

19. UNDERTAKER Paul C. Calcaterra
(ADDRESS) 5142 Daggett Ave

20. FILED JAN 23 1936 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1936, to 1-22, 1936

I last saw h[illegible] alive on 1-22, 1936. Death is said to have occurred on the date stated above, at 1a m.

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

	Date of onset
Ch. Nephritis	1935
Other contributory causes of importance:	
Tuberculosis	4-18-36

Name of operation Date of

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? 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? No

If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]

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.

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

100M-11-24-33.