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.

FEB 24 1936

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

Do not use this space.

4029

File No.
Registered No. 38

1. PLACE OF DEATH
County St Louis
Township Carondelet
City (No. Mt St Rose Sanitarium St. Ward)
Registration District No. 1123
Primary Registration District No. 6248 E

2. FULL NAME Norma Canzanella
(a) Residence, No. 641 Mount Ave St., Ward. Wellston Mo.
(Usual place of abode) Mount
(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 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 Lawrence Canzanella

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1908

7. AGE YEARS 27 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. Housewife
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) Colorado

FATHER
13. NAME Frederick Molyneaux
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Lawrence Canzanella
(ADDRESS) 641 Mount Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 1/27 19 3

19. UNDERTAKER Eckert Bros.
(ADDRESS) 3049 Lafayette

20. FILED Jan. 25 1936 G F Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/24 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/21 1936 to 1/24 1936
I last saw him alive on 1/24 1936 Death is said to have occurred on the date stated above, at 4:55 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic empyema	Dec. 1935
Other contributory causes of importance: Pulmonary Tuberculosis	1929

Name of operation None Date of —
What test confirmed diagnosis? Sputum 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? No
If so, specify
(Signed) John B Devine, M. D.
(Address) 4101 So. Broadway