MAR 25 1936

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

Do not use this space.

7476

1. PLACE OF DEATH
County St. Louis — Registration District No. 784 — File No.
Township St. Ferdinand — Primary Registration District No. 6030 — Registered No. 33
City W. Walnut Manor 5406 Hamilton av. St. Ward)

2. FULL NAME Andrea Calia
(a) Residence, No. 5406 Hamilton av. ~~St.~~ Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? 13 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Giovanna Calia
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apl 30 1879
7. AGE YEARS 56 MONTHS 9 DAYS 20 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. Laberor
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 Giovanni Calia
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Maria Lagrossa
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) John Calia 5406 Hamilton av.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Feb 22 1936
19. UNDERTAKER (ADDRESS) Pasquale Miceli 1133 No Kingshighway
20. FILED 2/21 1936 W. A. Zeither Registrar.
Rev C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1936
22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936 to Feb 20, 1936
I last saw him alive on Feb 20, 1936 Death is said to have occurred on the date stated above, at 5.20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 yrs
Other contributory causes of importance: Acute Dilatation of Heart	4 days

131

Name of operation — Date of —
What test confirmed diagnosis? Clinical. Was there an autopsy? No
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) Rudolph N. Abel, M. D.
(Address) 4929 Hudson Blvd

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.

2554 Hood Ave.