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.

MAR 25 1936

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

Do not use this space.

8750

1. PLACE OF DEATH

County St Louis — Registration District No. 1170 — File No.

Township Central — Primary Registration District No. 6248 H. — Registered No. 57

City Richmond Heights (No. St Marys Hospital St. Ward)

2. FULL NAME Clotilda Longinotti

(a) Residence, No. 5802 Clemens St., 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph J. Longinotti

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1859

7. AGE: YEARS 77 — 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.: 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: Joseph Badaracco
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER

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

17. INFORMANT (ADDRESS): Ida C. Longinotti, 5933 Lindell Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 2-29 1936

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Co, 3840 Lindell Ave

20. FILED 2/28 1936 Gertrude Porter, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1930, to Feb 27, 1936
I last saw her alive on Feb 27, 1936. Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Feb 20/36
Other contributory causes of importance:	
Diabetes Mellitus	1935
Cerebral Apoplexy	Feb 22/36
Hypertension Nephritis	

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?
If so, specify —
(Signed) Frank R. Finnegan, M. D.
(Address) 3701 Westminster

3701 W Mi[illegible]