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.

JUN 5 1936

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

1 Do not use this space.

791

20740

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 20740

Township ..... Primary Registration District No. ..... Registered No. 4922

City St. Louis (No. St. Ann's Maternity Hosp. St. ..... Ward)

2. FULL NAME Virginia Ann Tintera

(a) Residence, No. 3725 Oxford Ave. St., NR Ward. Maplewood Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	0	12	

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. Infant

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 John W. Tintera

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yonkers N.Y.

MOTHER

15. MAIDEN NAME Virginia L. Hartwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Mrs. W.T. Hartwell
(ADDRESS) 3725 Oxford Ave. Maplewood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter & Paul DATE 5-6, 1936

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED MAY 5 1936 19 J P Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1936, to May 5, 1936

I last saw him alive on May 5, 1936 Death is said to have occurred on the date stated above, at 11:45 P.m.

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

Prematurity — Date of onset at birth

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Other contributory causes of importance: Entero - Colitis

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) P. J. Maman, M. D.

(Address) 4902a Marshall

1467 N Union P. J. Manino

FA 5583

" 2210

4980 Potomac