

AUG 18 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis* (No. *Missouri Baptist Hosp*) St. .... Ward)

## 2. FULL NAME

*Mary Angela Doredo*  
(a) Residence, No. *5949 Mabada* St. *6* Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred *15* yrs. mos. ds. How long in U. S., if of foreign birth? *60* yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 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 *Frank Doredo*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 17 - 1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*67 7 27*

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

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) *Naples Italy*13. NAME *Paul Jannazzo*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Naples Italy*15. MAIDEN NAME *Rose Mastandrea*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Naples Italy*17. INFORMANT (ADDRESS) *Mrs. Frank Doredo 5949 Mabada*18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *July 17 1936*19. UNDERTAKER (ADDRESS) *L. J. T. ... 6107 ...*20. FILE NO. *9661 91 701* Registrar. *J. F. Bredeck*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14 1936*22. I HEREBY CERTIFY That I attended deceased from *July 1935* to *July 1936*I last saw her alive on *July 14 1936* Death is said to have occurred on the date stated above, at *11 a.m.*

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

*Chronic hypertensive cardiac and nephritis* Date of onset*Acute myocardial insufficiency*Other contributory causes of importance: *121*Name of operation..... Date of..... What test confirmed diagnosis?..... 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? If so, specify.....

(Signed) *J. B. Barger*, M. D.(Address) *102 N. Broadway*

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.

WHITE PRINT, WITH UPWARD INK—THIS IS A PERMANENT RECORD

