

SEP 15 1936

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

Dr. Montague

Do not use this space.

791  
1003

32519.  
8346

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis Mo. (No. St. Johns Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Angeline Cerutti

(a) Residence, No. \_\_\_\_\_ St. NP Ward. Herrin Illinois  
(Usual place of abode)  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17-1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
15 10 22

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. Schaub's Hurl  
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) Herrin Ill

MOTHER FATHER  
13. NAME Paul Cerutti

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

15. MAIDEN NAME Jennie Montani

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Paul Cerutti, Herrin Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Herrin Ill DATE 8-10-1936

19. UNDERTAKER (ADDRESS) Monard + Johnson, Herrin Ill

20. FILED AUG 11 1936 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9-1936

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to Aug. 10, 1936.  
Last saw her alive on aug 10, 1936. Death is said to have occurred on the date stated above, at 11 P.M.

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

Septicemia - Staphylococcus 8-5-36  
Abscesses - Multiple Cause 6-36  
unknown Non typhoid  
Non Traumatic I.B.

Other contributory causes of importance:  
Acute Rheumatic Fever  
Acute Hemorrhagic nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Laboratory 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 Charles Montani, M. D.  
(Signed) \_\_\_\_\_ (Address) 1926 Cooper St

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.

