

SEP 15 1936

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

Do not use this space.

33012 <sup>7</sup>

1. PLACE OF DEATH

County .....

Registration District No. **791**

File No. ....

Township .....

Primary Registration District No. **1003**

Registered No. **8896**

City **St Louis Mo.** (No. **Bernard Skin & Cancer Hospital**)

Ward) .....

2. FULL NAME **Bambina Ottolini** **Bambina Ottolini**

(a) Residence, No. **1334 N. 11th St.** Ward. **11**  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **F** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-25-1936**

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

22. I HEREBY CERTIFY, That I attended deceased from **8-19-1936** to **8-25-1936**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 27 1896**

I last saw her alive on **8-25-1936** Death is said to have occurred on the date stated above, at **10:15 A.M.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **39 10 28**

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

**Sarcoma of mediastinum**  
**Sarcoma of axilla** 2 yrs.

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

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

Other contributory causes of importance: **H7B**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

13. NAME **Angelo Puricelli**

Name of operation **Biopsy of axillary mass** Date of **8-25-36**

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

What test confirmed diagnosis? **No** Was there an autopsy? **No**

15. MAIDEN NAME **Margherita Mascossini**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT **Louis Ottolini** **Herrin Ill**

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury

PLACE **Herrin Ill** DATE **8-26-36**

Nature of injury

19. UNDERTAKER **Johnson & Co.** **Herrin Ill**

24. Was disease or injury in any way related to occupation of deceased? **No**

20. FILED **AUG 27 1936** **J. Bredeck** Registrar.

(Signed) **Pearson C. Kellogg**, M. D.  
(Address) **3427 - Washington**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

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**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township St. Louis Primary Registration District No. 1003  
 City St. Louis (Neighborhood) Bernard Skin & Cancer Hosp. Ward

File No. 33012  
 Registered No. 8896

**2. FULL NAME** Rambina Ottalini

(a) Residence, No. 1334 N. Sarah St. Ward .....  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to....., 19.....

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
39 10 28

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

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.  
 10. Date deceased last worked at this occupation (month and year) ..... If Total time (years) spent in this occupation.....

Sarcoma of Mediastinum Date of onset  
Sarcoma of Rt. Apilla  
Cent-Mediastinum

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER  
 13. NAME

Name of operator Diagn. Apilla by notes 8-25-36

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

MOTHER  
 15. MAIDEN NAME

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)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

Nature of injury.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? .....

20. FILED 1/29/37 1937 J. J. Budeak Registrar

If so, specify Pearson C. Kelloso M. D.  
 (Signed) 3427 Washington  
 (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



