

NOV 4 '936

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 Mo(No. At Home)

File No. 39455

Registered No. 10494

St. Ward)

2. FULL NAME Julia Longoni(a) Residence, No. 5224 Columbia Ave St. 13 Ward. (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Carlo Longoni**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 25, 1868**

7. AGE YEARS 68	MONTHS I	DAYS 22	IF LESS than 1 day, hrs. or min.
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OCCUPATION	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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**13. NAME **Giovanni Busatti**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**15. MAIDEN NAME **Maria Busatti**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**17. INFORMANT **Mr Carlo Longoni**
(ADDRESS) **5224 Columbia St**18. BURIAL, CREMATION, OR REMOVAL
PLACE **St Peter Paul** DATE **Oct. 20, 1936**19. UNDERTAKER **Paul G. Calabro**
(ADDRESS) **5142 Eggert Ave**20. FILED **JUL 19 1936**
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-16**, 19**36**22. I HEREBY CERTIFY That I attended deceased from **9-15**, 19**36** to **10-16**, 19**36**I last saw **her** alive on **10-14**, 19**36** Death is saidto have occurred on the date stated above, at **11 A.M.**

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

Carcinoma of stomach Date of onset **1936**Other contributory causes of importance: **H&A**

Name of operation

What test confirmed diagnosis? **X Ray** Was there an autopsy?

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

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

(Signed) **H. M. Shick**, M. D.(Address) **2608 Kings Highway**

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.

