

NOV 4 1936

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

Do not use this space.

39512
39-130

791
1003

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis, Mo.* (No. *Barnes Hospital*)

Registration District No.....
Primary Registration District No.....

File No.....
Registered No. *40553* St. Ward)

2. FULL NAME *SAM Russo*

(a) Residence, No. *2708a Sulphur St.*, *3* 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

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Married*

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About—52

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

FATHER 13. NAME *Rosario Russo*

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

MOTHER 15. MAIDEN NAME *Anna Corenti*

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

17. INFORMANT *Mrs Hazel Russo* (ADDRESS) *2708a Sulphur*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Peter + Paul* DATE *Oct 22*, 19*36*

19. UNDERTAKER *Paul G. Galatrina* (ADDRESS) *5142 Baggett Ave*

20. FILED *OCT 21 1936* *J. Bredecke* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-19*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *10-6*, 19*36*, to *10-19*, 19*36*

I last saw him alive on *10-19*, 19*36* Death is said to have occurred on the date stated above, at *1:10 P.M.*

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

CARCINOMA OF STOMACH
TERMINAL BRONCHOPNEUMONIA

Date of onset *10-15-36*

Other contributory causes of importance:

Name of operation *GASTRIC RESECTION* Date of *10-14-36*

What test confirmed diagnosis? *OPERATION* Was there an autopsy? *YES*

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 *E. N. Boucker* (Signed) *BARNES HOSPITAL*, M. D. (Address)

