

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

Do not use this space.

1. PLACE OF DEATH

96
30
9
County.....
Township.....
City: St. Louis

FEB 8 1937 **791**
Registration District No.....
Primary Registration District No. **1008**
City Hospital No. **1**

File No. **3864**
Registered No. **903**
St. Ward)

2. FULL NAME

David Canepa
(a) Residence, No. 1708 N. Spring Ave. St. 11 Ward. 1
(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*) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Canepa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 26, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 24

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stove Repair
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 319
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

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

FATHER
13. NAME August Canepa

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

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT Julia Canepa
(ADDRESS) 1708 N. Spring Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 23, 1937

19. UNDERTAKER Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd

20. FILED: JAN 21 1937 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1937

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

I last saw h..... alive on.....¹⁹..... Death is said to have occurred on the date stated above, at.....^{10:25}..... P.M..

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

Degenerative heart disease
93C
Other contributory causes of importance:
Bronchial asthma

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? No
If so, specify.....
(Signed) Joseph M. Quinn M.D.
(Address) Deputy Coroner

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.

