

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

Do not use this space.

1. PLACE OF DEATH

FEB 8 1937 791

3975

County

Registration District No.

File No.

Township

Primary Registration District No.

Registered No.

City **St. Louis**

(No. **2307**, Hebert **2**)

St. Ward)

2. FULL NAME MARIEITTA K KINSER

(a) Residence, No. **2307 Hebert** St., **20** 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 **Female** 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 **Abner**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 2, 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. **At Home**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **g 25**
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 **Frank Cerghino**

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

MOTHER 15. MAIDEN NAME **Anna Bennidai**

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

17. INFORMANT **Abner Kinsler** (ADDRESS) **2307 Hebert**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Jan 23 67**

19. UNDERTAKER **Adison L & G. Co.** (ADDRESS) **2707 N. Grand**

20. FILED **JAN 28 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 20, 1937 . 19**

22. I HEREBY CERTIFY, That I attended deceased from **January 15, 1935**, to **Jan 20, 1937**, 19**37**
I last saw him alive on **Jan 20, 1937**. Death is said

to have occurred on the date stated above, at **7:20 P**
The principal cause of death and related causes of importance were as follows:

Hypertension
59

Other contributory causes of importance:

Influenza 1-19-37

Name of operation Date of
What test confirmed diagnosis? **clinical** 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

(Signed) **T. H. Wilson** / M. D.
(Address) **4362 Main ave**

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.

WRITE CLEARLY WITH INK—THIS IS A PERMANENT RECORD

