

MAR 5 - 1937

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

Do not use this space.

8888

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. Barnes Hospital)File No.
Registered No. 2381
St. Ward)2. FULL NAME Frances Fioretta(a) Residence, No. 5041 Cates St. 12 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 19167. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min?
21 0 68. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

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 112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1613. NAME John Fioretta14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Napole Italy 1615. MAIDEN NAME Rosalia Passalacqua16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Partinico Italy17. INFORMANT Rosalia Passalacqua
(ADDRESS) 5041 Cates

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE March 1, 193719. UNDERTAKER Pasquale Miceli
(ADDRESS) 1133N, Kingshighway20. FILED FB 27 1937
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 26, 193722. I HEREBY CERTIFY, That I attended deceased from 2 - 16, 1937, to 2 - 26, 1937I last saw her alive on 2 - 26, 1937. Death is said to have occurred on the date stated above, at 12 p.m.

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

Rheumatic Heart Disease
Cardiac Decompensation
Adhesive Pericarditis
Congenital Anomaly of Kidney
Mitral Stenosis
Atrial Fibrillation

Other contributory causes of importance:

Date of onset

Name of operation g2a Date of

What test confirmed diagnosis?

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?

If so, specify

(Signed) A. B. Riley M. D.(Address) 2381 BARNES HOSPITAL

