APR 27 1937

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

Do not use this space.

File No. 13403

Registered No. 83

1. PLACE OF DEATH

County St. Louis Registration District No. 789

Township Normandy Central Primary Registration District No. 6633

City Normandy (No. Mother of Good Counsel Home, St. ..... Ward)
6825 Nat. Bridge rd.

2. FULL NAME Adele Piccoli

(a) Residence, No. Queens Daughters, 3720 Lindell Blvd. 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: f

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12th 1876

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) St. Louis, Mo.

FATHER

13. NAME August Piccoli

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

MOTHER

15. MAIDEN NAME Josephine Dowald

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

17. INFORMANT (ADDRESS) Mrs. Cecelia Stelzer, 7522 Comfort Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE S. S. Peter & Paul DATE 3/12/37, 19

19. UNDERTAKER (ADDRESS) A. J. Donnelly U. Co. 3810 Lindell Blvd.

20. FILED 3-10-, 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9/1937, 19

22. I HEREBY CERTIFY, That I attended deceased from July 22nd, 1936, to March 9th, 19 37

I last saw her alive on March 7th, 19 37 Death is said to have occurred on the date stated above, at 10:20 PM

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

	Date of onset
Breast C.A. inoperable. Was placed in Home of Mother of Good Counsel for Incurables on July 22nd 1936.	

Other contributory causes of importance: 50

Generalized matastasis into all the glands of the rt. axillary space, inguinal glands, media-stinal glands with myocarditis, general

Name of operation ..... Date of

What test confirmed diagnosis? OVER cit. 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?

If so, specify

(Signed) [illegible], M. D.

(Address) 3718 Jennings, Mo.

3/10/37

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.

anasarca, inanitia, cancer cachexia, uremia.