

APR 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Louis  
Township Carondelet  
City St. Louis

Registration District No. 1123  
Primary Registration District No. 6248 E  
(No. Mt. St. Rose Sanitarium)

File No. 13630  
Registered No. 96  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lena Corea

(a) Residence, No. 1437 Temple Pl. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) Dec. 29, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
26 1 27

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) MO.

13. NAME Nick Corea

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

15. MAIDEN NAME Mary Mastrovanni

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

17. INFORMANT Nick Corea  
(ADDRESS) 1437 Temple Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE March 1, 1937

19. UNDERTAKER Pasquale Miceli  
(ADDRESS) 1133 No. Kingshighway,

20. FILED Feb 27, 1937 L. Mowrey  
Register

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1937

22. I HEREBY CERTIFY, that I attended deceased from Dec 7, 1936 to Feb. 26, 1937  
I last saw her alive on Feb. 26, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Pulmonary tuberculosis  
Date of onset 1936

Other contributory causes of importance:

Tuberculosis enteric  
Date of onset 1936

Name of operation Hepatic Date of 2/23/37  
What test confirmed diagnosis? X-ray 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) Sheila M. Deane, M. D.  
(Address) 910 1/2 Blvd.

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.

