

MAY 31 1937

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

Do not use this space.

17465

1. PLACE OF DEATH
94 County St. Francois Registration District No. 773
Township St. Francois Primary Registration District No. 6018A
Near City Farmington, Mo. (No. 27) St. _____ (Ward) _____

2. FULL NAME Margaret Signaigo
(a) Residence, No. State Hosp. No. 4 St. _____ Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State) _____
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26, 1897</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>#40</u>		<u>3</u>	<u>73</u>	<u>17</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stenographer</u>			
	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) <u>March 1931</u>		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>				
FATHER	13. NAME <u>Frank Signaigo</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Smithland, Ky.</u>			
MOTHER	15. MAIDEN NAME <u>Mary Beffa</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>			
17. INFORMANT <u>Ed Signaigo Hospital</u> (ADDRESS) <u>St. Joseph's Hospital Records</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Calvary Cemetery</u> PLACE <u>St. Louis, Mo.</u> DATE <u>April 15, 1937</u>				
19. UNDERTAKER <u>Kreighauser Undertaking Co.</u> (ADDRESS) <u>St. Louis, Missouri</u>				
20. FILED <u>Apr 14, 1937</u> <u>B. J. Robinson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to April 13, 1937, 1937.
I last saw her alive on April 13, 1937. Death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia
Date of onset 4/11/37

Other contributory causes of importance:
Acute tonsillitis 1942
Possible food aspiration 4-10-37

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937
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) Paul J. Schradt, M. D.
(Address) Farmington, Mo.

WRITE PLAIN 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.

1 X2314

