JUN 12 1937

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

Do not use this space.

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18424

File No.
Registered No. 5090

1. PLACE OF DEATH

County
Township
City St. Louis
Registration District No.
Primary Registration District No.
(No. St. John's Hospital St. Ward)

2. FULL NAME Giuseppina Vitale

(a) Residence, No. 1933 Montgomery St., 26 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
25	38	1	1	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Terrasini Italy

FATHER

13. NAME Frank Cusumano

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

MOTHER

15. MAIDEN NAME Anna Patrica

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

17. INFORMANT Giuseppe Vitale
(ADDRESS) 1933 Montgomery St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE May 19 1937

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

20. FILED MAY 17 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 17th, 1937, to May 16, 1937

I last saw her alive on May 15, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

	Date of onset
Carcinoma of the Liver	Do not know

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of May 15, 37

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) Augustus P. Munsch, M. D.

(Address) 306 Humboldt Bldg