

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo** (No. **5213m? Shaw Ave**)

**22484
6236**

File No.....
Registered No.....
St. Ward)

2. FULL NAME Anna Napoli

(a) Residence, No. **5237 Shaw Ave** St., **13** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anthony Napoli (unknown)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
(about) 66

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Wife**
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) **Italy**

13. NAME **Steve Amati**

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

15. MAIDEN NAME **(Unknown)**

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

17. INFORMANT **Sarah Palagola** (ADDRESS) **5237 Shaw Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Salvatory** DATE **June 29, 1937**

19. UNDERTAKER **Paul B. Calabro** (ADDRESS) **5142 Dagen Ave**

20. FILED **St. Bredeck** REGISTRAR

JUN 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 26th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 12th**, 19**37**, to **June 26th**, 19**37**. I last saw h. **alive** on **June 26th**, 19**37**. Death is said to have occurred on the date stated above, at **9:30 p. m.**

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

Cerebral Hemorrhage (Apoplexy) Date of onset

Other contributory causes of importance:

Name of operation **no** 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, 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) **M. S. Stearns**, M. D.
(Address) **5428th Shaw Ave.**

WRITE PLAIN INK 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.

" Dr Steenman

hs-9-11-1-3-7-8