

AUG - 9 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No.)City Hospital No. 1 (No.)

26098

File No.

Registered No. 7272

St. Ward)

C. 5883

2. FULL NAME

Baby Ladatto

(a) Residence, No. 3964 Labadie St. 10 Ward. (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)

single

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

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

July 29, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, 11 hrs.
or 5 min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

nil

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
occupation12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)13. NAME Angelo Ladatto14. BIRTHPLACE (CITY OR TOWN) Michigan
(STATE OR COUNTRY)15. MAIDEN NAME Veronica McNichols16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)17. INFORMANT Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemt DATE July 30, 193719. UNDERTAKER Pagnola Micheli
(ADDRESS) 1132 W. Kingshighway

20. FILED

JUL 30 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/29/37 . 1922. I HEREBY CERTIFY, That I attended deceased from
7/29/37, 19, to 7/29/37, 19.I last saw h. her live on 7/29/37, 19. Death is saidto have occurred on the date stated above, 8.20 p.
The principal cause of death and related causes of importance were as follows:*Pruritus*

Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) Hudson, M. D.(Address) City Hospital No. 1

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.

