

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

Do not use this space.

SEP 10 1937

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis (No. 1)

Registration District No. 791  
1003  
Primary Registration District No. De Paul

File No. 28761  
Registered No. 7394 (Hospital) (Ward)

2. FULL NAME

(a) Residence, No. ....  
(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

8

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

Nazerens Mike Podesta

St. NR Ward. Collinsville

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Adell Podesta

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11-1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>70</u>	<u>3</u>	<u>2</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (5 yrs)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop. Soft Drink Parlor

10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 30

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

13. NAME Joseph Podesta

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

15. MAIDEN NAME Annunziata Mechili

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

17. INFORMANT Joseph Podesta (ADDRESS) Collinsville

18. BURIAL, CREMATION, OR REMOVAL PLACE Collinsville DATE Aug 6 1937

19. UNDERTAKER (ADDRESS) St. M. Schaeffer Collinsville

20. FILE AUG 4 - 1937 Registrar. St. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/4/1937

22. I HEREBY CERTIFY, That I attended deceased from July 27 1937 to Aug 4 1937

I last saw him alive on Aug 3 1937. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Retroperitoneal sarcoma (Malignant) Date of onset ?  
HO

Other contributory causes of importance: Hypertensive cardio-renal disease with heart block

Name of operation Laparotomy Date of 8/3/37  
What test confirmed diagnosis? Operative (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) Robert Emmett Kane M. D.  
(Address) St. Louis Mo.  
per W. H. Miller M.D.

WRITE PLAINLY 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.

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