SEP 10 1937

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

Do not use this space.

29172

1. PLACE OF DEATH

County Isolation Hospital Registration District No. 791

Township Primary Registration District No. 1003

City St. Louis, Mo. (No. , St. Ward)

File No.

Registered No. 7805

2. FULL NAME Anna Campanella,

(a) Residence, No. 1637 N. 18 th St. 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 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1912.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	24	10	5	

OCCUPATION

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

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

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) Alabama.

FATHER

13. NAME Tony Campanella.

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

MOTHER

15. MAIDEN NAME Consetta Liammanni.

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

17. INFORMANT (ADDRESS) B. Buttenuth. Isolation Hosp.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE August 21 1937

19. UNDERTAKER (ADDRESS) Pasquale Miceli 1133 No Kingshighway

20. FILED AUG 19 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1937, to Aug 18, 1937

I last saw her alive on Aug. 17, 1937. Death is said to have occurred on the date stated above, at 1:15 A.m.

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

Typhoid Fever

Date of onset

Other contributory causes of importance:

Haemorrhage Intestinal

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, 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?

If so, specify

(Signed) Geo. S. Boglio, M.D.

(Address) Isolation Hosp.

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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