

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-10-37-7  
I X12004

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.

16 899 08 Callan

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

32220

Do not use this space.

OCT 14 1937

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City **St. Louis**

Registration District No. ....  
Primary Registration District No. **1008**  
(d) Street No. **City Hospital No. 1**

Registered No. **8283**

(e) Length of residence in city or town where death occurred yrs. mos. ds. **C. 7808**

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Appolonia Vitale**

(a) Residence, No. **29 21 Brannon** St. **13**

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **female**  
4. COLOR OR RACE **white**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married** (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 7, 1883**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**54 6 26**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **hwk**  
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**

FATHER 13. NAME **Joseph Connito**

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

MOTHER 15. MAIDEN NAME **Frances ?**

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

17. INFORMANT **Hesp Info M. Kent** (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's** DATE **9-4-37**

19. FUNERAL DIRECTOR **Paul E. C. ...** (ADDRESS) **5148 Daggitt ave**

20. F. **SEP 9 1937** **J. P. Bredeck** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/2/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **8/31/37** 19 to **9/2/37** 19

I last saw **her** alive on **9/2/37** 19. Death is said to have occurred on the date stated above, at **2.15 a.**

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

**Epidemic Encephalitis**  
**17**  
Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **yes**

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) **E. P. Reh.** M. D.  
(Address) **City Hospital No.**

