

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.

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32244

1. PLACE OF DEATH

County

Registration District No.

791

Township

Primary Registration District No.

1003

City

St. Louis Mo.

(No.

St. Anthony Hosp.

File No.

Registered No.

8298

St.

Ward)

2. FULL NAME

Giosue Storti

(a) Residence, No.

(Usual place of abode)

Columbia Ill.

St.

n R 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

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

Rosigia Storti

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

unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ...hrs.

or min.

46 68

OCCUPATION

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

Quarry man

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

Columbia Quarry

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

Italy

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

Giosue Storti

FATHER

13. NAME

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

Italy

MOTHER

15. MAIDEN NAME

Unknown

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

Italy

17. INFORMANT
(ADDRESS)Pasquale Geani
Columbia Ill.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Hope

DATE Sept 4, 1937

19. UNDERTAKER
(ADDRESS)Fendler Und. Co.
7420 Michigan Ave.

20. FILED

SEP 3 1937

J. Bredeck

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

Aug 31, 1937, to Sept 2, 1937

I last saw him alive on Sept 1, 1937. Death is said

to have occurred on the date stated above, at 6 a. m.

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

Strangulated Inguinal Hernia

Date of onset

8-30-37

Other contributory causes of importance

Thrombotic Mesenteric Artery

Name of operation

Date of 9-1-37

What test confirmed diagnosis? *gross* 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? *No*

If so, specify

(Signed) *Thos. J. Geaney* M. D.(Address) *634 N. 12th St. St. Louis*

Yours
Wm. Lloyd