

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.

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

Do not use this space.

OCT 14 1937

1. PLACE OF DEATH

County.....

Township.....

City..... St. Louis

C. 6650

Registration District No.....

Primary Registration District No.....

(No.) City Hospital No. 1

791

1003

File No.....

Registered No.....

St.....

Ward.....

32413

8467

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

Length of residence in city or town where death occurred

ysr.

mos.

ds.

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

ysr.

mos.

ds.

Louis Serati

2622 a Hebert St.,

20 Ward.

(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)
Single

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

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

July 14, 1916

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

21

I

25

OCCUPATION

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
occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Missouri

13. NAME

John Serati

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

15. MAIDEN NAME

Rose Brasca

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

17. INFORMANT

(ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Sept 9, 1937

19. UNDERTAKER

(ADDRESS)

Paul G. Calabrese
574 E. 13th Ave
St. Louis, Mo.

20. FILED

SEP 8 1937

19

Registrar

MEDICAL CERTIFICATE OF DEATH

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

9/7/37

, 19

22. I HEREBY CERTIFY, That I attended deceased from

8/11/37

, 19

to

9/8/37

, 19

I last saw him live on

9/7/37

, 19

Death is said

to have occurred on the date stated above, at

8 P.m.

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

Date of onset

Acute Bacterial
Endocarditis

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)

(Address)

Richard P. Huth, M. D.

City Hospital No. 1

