

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32614
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City (d) Street No. **NEWISH HOSP.**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **5416 Elizabeth** 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**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Marco Chiodini**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 1, 1899**
 7. AGE YEARS **38** MONTHS **0** DAYS **14** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Cause wife**
 9. Industry or business in which work was done, as 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) **Italy**

13. NAME **Sylvester Fusa**

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

15. MAIDEN NAME **Theresa Barbaglia**

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

17. INFORMANT (ADDRESS) **Dr. Marco Chiodini 5416 Elizabeth Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's Church** DATE **Sept 17, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Paul G. Balcalatura 314 E. Daguerre**

20. **SEP 15 1937** Local Registrar. **J. H. Brebeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 14th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **September 2nd, 1937**, to **September 14th, 1937**.
 I last saw her alive on **September 14th, 1937**. Death is said to have occurred on the date stated above, at **7:45 p.m.**
 The principal cause of death and related causes of importance were as follows:

Cancer of Stomach with metastasis to abdominal cavity
Broncho pneumonia
 Date of onset **1937**

Other contributory causes of importance: **HO**

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 **No**
 (Signed) **Max Greenberg**, M. D.
 (Address) **Jewish Hospital**

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.

2 35 38 0 14 26 899 16 16

OCT 14 1937

STATEMENT BY LICENSED EMBALMER

I, Paul C. Calcaterra, Licensed Embalmer No. 2376

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul C. Calcaterra

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Paul C. Calcaterra

Licensed Embalmer No. 2376

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)