

NOV 15 1937

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

36093

Do not use this space.

Registered No. 9670

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis, Mo.
(e) Length of residence in city or town where death occurred yrs. 4 mos. 16

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. DePaul Hospital

(If death occurred in Hospital or Institution, write its name instead of street and number) St. DePaul Hospital
How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Ann Aloisi

(a) Residence, No. NR Gillespie, Illinois
(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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6th, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 9 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) May 1st, 1937
11. Total time (years) spent in this occupation 30 Yrs

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

13. NAME Joseph Vittone

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

15. MAIDEN NAME Jean (Unknown)

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

17. INFORMANT (ADDRESS) Edward Aloisi
Gillespie, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Benld, Illinois DATE October 17, 1937

19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc.
429 W. Euclid Avenue

20. FILED OCT 18 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 15th, 1937

22. I HEREBY CERTIFY That I attended deceased from May 25, 1937, to Oct 15, 1937.
I last saw him alive on Oct 15, 1937. Death is said to have occurred on the date stated above, at 9:55 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance: 97 a

Arteriosclerosis
Mitral Stenosis
Name of operation none Date of yes
What test confirmed diagnosis? exam Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19no
Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Joseph C. Carney, M.D.
(Address) 525 Prairie St. Bldg

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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STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Guy W. Wilkinson
Licensed Embalmer No. 3575

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.)