

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

Do not use this space.

NOV 23 1937

38843

1. PLACE OF DEATH

County Saint Louis
Township Carondelet
City Jefferson Barracks (No. V. A. F.)

Registration District No. 1123
Primary Registration District No. 6248B

File No. _____
Registered No. 438
St. _____ Ward _____

2. FULL NAME George CRESPI

(a) Residence, No. _____ St. _____ Ward. 413 No. 16th St. Herrin, Ill.
(Usual place of abode) Unkn. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 7, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1937, to November 7, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 30, 1889

I last saw him alive on November 7, 1937 Death is said to have occurred on the date stated above, at 5:25 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
47 10 7

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

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

Pneumonia, broncho-bilateral Date of onset 11-4-37

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

107a
Other contributory causes of importance:
Chronic Cholecystitis and Cholelithiasis 1934

13. NAME Ambrose Crespi

Name of operation Cholecystectomy Date of 11-2-37
by clinical man. and laboratory
What test confirmed diagnosis? _____ Was there an autopsy? NO

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

15. MAIDEN NAME Angelina Marlo

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

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.

17. INFORMANT Clinical Clerk M. Schilly
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Herrin Ill DATE Nov 10, 1937

19. UNDERTAKER Herrin Funeral Home
(ADDRESS) Herrin Ill

20. FILED Nov. 8, 1937 G. Mowrey Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

8th

16

9
2
11

