JAN 10 1938

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

Do not use this space.

43281

1. PLACE OF DEATH

County ..... Registration District No. 1003 (791)

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. ....., City Sanitarium St. ..... Ward)

File No. .....

Registered No. 11531

2. FULL NAME Mary DeAngelo

(a) Residence, No. Women's Shelter - 1915 Aubert St. Ward. 6 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 1867

7. AGE: Years 70 | Months 3 | Days — | If LESS than 1 day, ...hrs. or ....min.

Abt

877

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fernina, Italy — 16

FATHER

13. NAME: Bova

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Italy — 16

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Italy — 16

17. INFORMANT (ADDRESS): Otis Tatlor M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cem. DATE: Dec. 15, 1937

19. UNDERTAKER (ADDRESS): J. H. Eckert & Co. 2842 Meramec St.

20. FILED: DEC 15 1937 J. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-10-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29/37, 19, to 12-10-37, 19

I last saw her alive on 12-10-37, 19. Death is said to have occurred on the date stated above, at 9:40 P.M.

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

	Date of onset
Cerebral Thrombosis	12-4-37

Other contributory causes of importance:

Arteriosclerostic heart disease 11-29-37x

Pulmonary Edema 12-937

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

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) Otis Taylor, M. D.

(Address) City Sanitarium

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.