REC'D AUG 11 1939

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 1003 791

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

File No. 23753

Registered No. 6026

City St. Louis, Missouri St. Louis Maternity Hospital St. ..... Ward)

2. FULL NAME Infant Gasperoni 216

(a) Residence, No. 5255 Patterson Ave. St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

3. SEX: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1939

7. AGE: Stillborn — YEARS — MONTHS 10:25 — DAYS P.M. — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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, Mo.

FATHER

13. NAME Gasperoni, Paul

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER

15. MAIDEN NAME Brancaleone, Ann Elizabeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Staunton, Illinois

17. INFORMANT (ADDRESS) Paul Gasperoni 5255 Patterson Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter Paul DATE July 8 1939

19. UNDERTAKER (ADDRESS) Paul C. Cakaterra 5142 Doggett

20. FILED JUL 8 1939 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1025 m. p

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

39 wks. gestation. Stillborn

Date of onset

Other contributory causes of importance: Spina Bifida

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) W. M. Hayward, M. D.

(Address) St. Louis Mat. Hosp.

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.

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

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not published

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