

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5951

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 Day
(Specify whether
In this community. 0
years, months or days)

3. (a) PRINT FULL NAME Luigia Maggio

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Giachino Maggio 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. December 25 1872
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>68</u> | <u>6</u> | <u>24</u> | _____ hr. _____ min. |

9. Birthplace Castelvetro Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Vito Pisciotta

13. Birthplace Castelvetro Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Vita Clemerite

15. Birthplace Castelvetro Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Jasper Malone

(b) Address 4624 Belmar

17. (a) burial (b) Date thereof 7-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation calvary

18. (a) Signature of funeral director P. Niceli - son

(b) Address 1150 N. Kingshighway Blvd.

19. (a) JUL 21 1941 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 918 cole street
(If rural, give location) 25
(e) If foreign born, how long in U. S. A.? 37 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Lobar Pneumonia;
Lymphatic Leukemia.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(a) Means of injury _____

23. Signature Thomas F. Callahan (M.D. or other) B
Address Deputy Coroner Date signed 7/21/41

