WHITE 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.

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

Do not use this space.

15963

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3975

City St Louis (No. 1923 N. Prairie St. ..... Ward)

**2. FULL NAME** Joseph Cova

(a) Residence. No. 1923 N. Prairie St., 2 Ward. .....
(Usual place of abode) (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**

3. SEX: Male
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: Chiappa Chirubina

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 15 1886

7. AGE: Years 42, Months 9, Days 17. If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Owner of
(b) General nature of industry, business, or establishment in which employed (or employer): Soft drink
(c) Name of employer: Parlor

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Italy

PARENTS

10. NAME OF FATHER: Massari Cova
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Italy
12. MAIDEN NAME OF MOTHER: Enricia Cassani
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Italy

14. INFORMANT: Mrs. C. Cova
(Address) 1923 N. Prairie av

15. FILED APR 3 1929 Max C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4/1 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/20, 1929, to 4/1, 1929, that I last saw him alive on 4/1, 1929, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of liver
1248
930
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Ch myocarditis
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? General aspirations of abdomen

(Signed) L. A. Milliken, M. D
4/3, 1929 (Address) 4928 Shaw

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peter - Paul
DATE OF BURIAL: April 4 1929

20. UNDERTAKER: Paul C Calcaterra
ADDRESS: 1921 Cooper St

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