

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

Do not use this space.

32519

1. PLACE OF DEATH

County..... Registration District No. **79**
Township..... Primary Registration District No. **1A13**
City **St. Louis** (No. **5132** **Ottawa**)

File No.....
Registered No. **9625**
St. Ward)

2. FULL NAME

Joseph Carabelli
(a) Residence No. **5132 Ottawa** St., **13** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED OR DIVORCED married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Berra			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15 - 1886			
7. AGE YEARS 43	MONTHS 3	DAYS 26	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... Labour (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....			

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Italy**
10. NAME OF FATHER **Senny Carabelli**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Italy**
12. MAIDEN NAME OF MOTHER **Emilia Berra**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

14. INFORMANT **Louis Merlo**
(Address) **5201 Wilson**
15. ULI 211 1325
FILED..... 19. **May 1929** **Max C. Sparkoff** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) **9/27 1929**
17. I HEREBY CERTIFY, That I attended deceased from **9/20**, 19**29**, to **9/27**, 19**29**, that I last saw him alive on **9/27**, 19**29**, and that death occurred, on the date stated above, at **10** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver
of 1 1/2 (duration) / yrs. mos. da.
CONTRIBUTORY (SECONDARY) **44** (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
1 DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **9/21/29**
WAS THERE AN AUTOPSY? **no**
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **L. Mullikin**, M. D.
9/28, 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 **Sept 30 1929**
20. UNDERTAKER **Paul E. Calceola** ADDRESS **1921 Cooper st**

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.

