

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

Do not use this space.

40946

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 791)

Registration District No. 1003
Primary Registration District No. _____

File No. _____
Registered No. 11603
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 5726 Eastern Ave b Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18 1851

7. AGE YEARS 79 MONTHS 3 DAYS — If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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 Vincenzo Abbato

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

14. INFORMANT Joseph Capasso
(Address) 5726 Eastern Ave

15. FILED 11 14 30 1930 Max C. Stark REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 3 1930, to Dec 10 1930, that I last saw him alive on Dec 9 1930, and that death occurred, on the date stated above, at 7:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82A
97

(duration) yrs. mos. ds. 7 ds.
CONTRIBUTORY arteriosclerosis
(SECONDARY)

(duration) yrs. mos. ds. 7 ds.

18. WHERE WAS DISEASE CONTRACTED? Italy
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. White M. D.

12/10/1930 (Address) 2803 N. Knights Highway
*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 Calvary Cem DATE OF BURIAL Dec 13 1930
20. UNDERTAKER Max C. Stark ADDRESS 2803 Knights Hwy

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.

