

**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. 791
Township..... Primary Registration District No. 1008
City St. Louis (No. 5256 Botanical) St. Ward)

File No. 3385
Registered No. 613

2. FULL NAME Rose Colombo

(a) Residence. No. 5256 Botanical St. 13 Ward. (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 Female 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 Angelo Colombo House-

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 3 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House 235
(b) General nature of industry, business, or establishment in which employed (or employer) Wife
(c) Name of employer

BIRTHPLACE (CITY OR TOWN) Italy 15
(STATE OR COUNTRY)

10. NAME OF FATHER Carlo Tapello

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

12. MAIDEN NAME OF MOTHER Marie Gauldoni

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

14. INFORMANT Angelo Colosub
(Address) 5256 Botanical

15. FILED 16 1931 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1931

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1928, to Jan 13, 1931.
that I last saw her alive on Jan 13, 1931, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
131

930 (duration) yrs. 6 mos. 5 ds.
CONTRIBUTORY Chronic Nephritis
(SECONDARY) (duration) yrs. 18 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) O. P. Upshaw, M. D.

Jan 15, 1931 (Address) 3115 Le Grand.

*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 Jan 17 1931

20. UNDERTAKER Paul J. Calcaterra ADDRESS 1921 Cooper St

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.

