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. 28083

1. PLACE OF DEATH

County ..... Registration District No. [illegible]

Township ..... Primary Registration District No. [illegible]

City St. Louis (No. 4941 Alcott St. ..... Ward)

File No. .....

Registered No. 7975

2. FULL NAME Leona Aleo

(a) Residence, No. 4941 Alcott St., 7 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: Female

4. COLOR OR RACE: White

5. ~~SINGLE, MARRIED, WIDOWED, OR~~ DIVORCED (*write* the word): ~~Married~~ Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24 1895

7. AGE: YEARS 37 MONTHS 2 DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ~~[illegible]~~ 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy 16

FATHER

13. NAME: Raymondo A leo

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

MOTHER

15. MAIDEN NAME: Michela St Angelo

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

17. INFORMANT (ADDRESS): Jack C Aleo 4941 Alcott av

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetry DATE Sept 2 1932

19. UNDERTAKER (ADDRESS): Paul C. Calcaterra 5042 Daggett av.

20. FILED SEP -1 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 29th, 1932, to Aug 30, 1932

I last saw her alive on Aug 29, 1932. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

acute myocarditis — Date of onset: Aug 23

131

93A/31

Other contributory causes of importance: Chronic interstitial nephritis — Apr 1930

(1)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. H. Freudenstein, M. D.

(Address) 4011 Shoulton

Dr Freudenstein
Office Newstead 0323
Home Parkview 8053