

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SEP 16 1935

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

Do not use this space.

791
1003

27752

File No. _____
Registered No. **6801**
St. _____ Ward _____

1. PLACE OF DEATH

County _____
Township _____
City St. Louis (No. 6827)

Registration District No. _____
Primary Registration District No. _____

2. FULL NAME Elizabeth Tortella

(a) Residence, No. 4383 St. Bate Ward. 2
(Usual place of abode)

Length of residence in city or town where death occurred 11 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 <u>5</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Annibale Tortella</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 16 - 1893</u> | | |
| 7. AGE | YEARS | MONTHS |
| <u>41</u> | <u>7</u> | <u>22</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bank</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 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) <u>Italy</u> | | |
| 13. NAME <u>Dont Know</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | | |
| 15. MAIDEN NAME <u>Dont Know</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | | |
| 17. INFORMANT (ADDRESS) <u>Warp J. ...</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabarrus</u> DATE <u>Aug 10 1935</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Culligane 1320</u> <u>1710 N Grand Blvd</u> <u>J. J. Bredech</u> | | |
| 20. FILED <u>AUG - 9 1935</u> <u>J. J. Bredech</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/29, 1935, to 8/8, 1935.
I last saw her alive on 8/8, 1935. Death is said to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:
Involunt. Psychosis

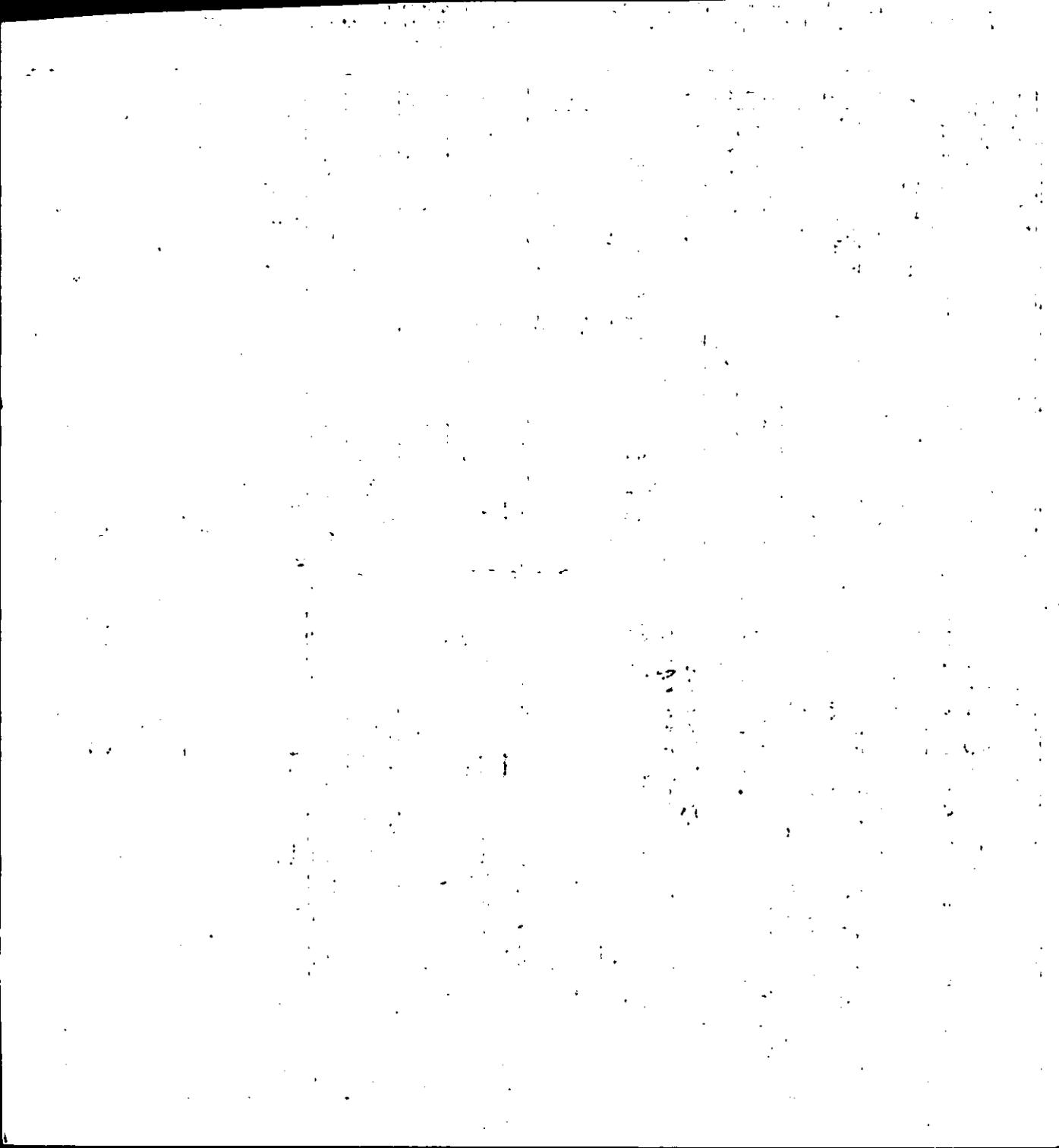
Date of onset _____

Other contributory causes of importance:
Uremia
Exhaustion

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. J. Harris, M. D.
(Address) City St. Louis



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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St Louis (No. City Hosp #1)

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 6801
St..... Ward.....

2. FULL NAME

Elizabeth Tortella

(a) Residence, No..... St..... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 41 7 22

Insanitation Psychosis Date of onset 1931

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

Other contributory causes of importance:
Uremia, vesicular dermatitis, Exhaustion

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 17 1935 19..... J. Brebeck Registrar

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. D. Harris, M. D.
(Address) City Hosp No 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUBMITTED

5-27752