

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.

Oct 23 1935

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

Do not use this space.

30741

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1008
St. St. Louis Mo (No. 15000) Ward 18000

File No.
Registered No. 7523
St. Ward)

2. FULL NAME

(a) Residence, No. 415 Lee Ave. Hubertwood Mo. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 81 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Missouri

13. NAME Nicholas Porcino

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

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Nathaniel Propper 415 Lee Ave. Hubertwood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Sep 7 1935

19. UNDERTAKER (ADDRESS) Joseph Ziegler & Sons 7027 Harrison Ave. St. Louis Mo.

20. SIGNED - 6 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/3-1935, to 9/6-1935. I last saw him alive on 9/5-1935. Death is said to have occurred on the date stated above, at 2:30 A.M. The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy 9/7/35
Chronic Interstitial Nephritis
Other contributory causes of importance: 131

Name of operation Date of
What test confirmed diagnosis? Regular Was there an autopsy? no

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? no
If so, specify
(Signed) William J. Lane, M. D.
(Address) 7535 Virginia Ave

4525 (1/2) : 6000

4525 (1/2) : 6000

Jan 25 27