

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

Do not use this space.

30764

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 8834)

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 7547
St. _____ Ward _____

2. FULL NAME

Sebastin De Luca

(a) Residence, No. 2632 Bruner Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 13 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 1921

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
13 9 17

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

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) St. Louis Mo.

13. NAME John De Luca

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

15. MAIDEN NAME Carmen Monaghan

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

17. INFORMANT (ADDRESS) Paul De Luca

18. BURIAL, CREMATION, OR REMOVAL St. Peter & Paul DATE Sept 9 1935

19. UNDERTAKER (ADDRESS) Paul @ Calabura
5142 Dagwood ave

20. FILED SEP -7 1935 19 J. A. 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 9/6 1935. Death is said to have occurred on the date stated above, at 12:35 p.m.

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

Septicemia
Staph aureus
abscess non TB non traumatic
cause unknown

Other contributory causes of importance:

Subcutaneous abscess
rt. leg. 15 d

Name of operation Drain + debride Date of 9/3/35

What test confirmed diagnosis? Spec 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?

If so, specify _____

(Signed) [Signature] M. D.

(Address) City St. Louis

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.

Paul Calvert