

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.

MAR 5-1937

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo** (No. **At Home**)..... St. Ward)

File No. **8669**
Registered No. **2130**

2. FULL NAME **Theresa Colombo**
2727 Brannon Ave

(a) Residence, No. **2727** 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

MEDICAL CERTIFICATE OF DEATH

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 **Cesare Colombo**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-19**, 19**37**
22. I HEREBY CERTIFY, That I attended deceased from **Jan 1**, 19**34**, to **2-19**, 19**37**
I last saw her alive on **2-19**, 19**37**. Death is said to have occurred on the date stated above, at **11:30** A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar, 15, 1891**

7. AGE YEARS **45** MONTHS **II** DAYS **3** If LESS than 1 day, hrs. or min.

Date of onset **1935?**
Aneurysm Aortic
2/4
Other contributory causes of importance:
Lues - Chronic

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
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) **Italy**

FATHER
13. NAME **Gaspere Oldani**

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

MOTHER
15. MAIDEN NAME **Guseppa Grolla**

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

17. INFORMANT **Miss Lena Colombo**
(ADDRESS) **2727 Brannon Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter Paul** DATE **Feb 22, 37**

19. UNDERTAKER **Paul G. Balzani**
(ADDRESS) **5142 Daggitt Ave**

20. FILED **J. Bredeck**
Registrar.

Name of operation..... **Serology** 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) **Ruthella**
(Address) **410 Beaumont Bldg**

FEB 20 1937

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