

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

Do not use this space.

1. PLACE OF DEATH **Jul 8 - 1937**

County.....

Registration District No.....

Township **St. Louis**
City..... (No. **Jewish Hospital**)

Primary Registration District No.....

File No.....

22219

Registered No.....

5971

St. Ward)

2. FULL NAME **Leo Corso**
(a) Residence, No. **1117 Hebert St.** St. **26** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 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 **Josephine Corso**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 1, 1878**

7. AGE YEARS **58** MONTHS **11** DAYS **16** IF LESS than 1 day,hra. ormin.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **self**

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) **Terme Italy**

13. NAME **Giovane Corso** 14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Italy**

15. MAIDEN NAME **Austina Longo** 16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) **Italy**

17. INFORMANT **Josephine Corso** (ADDRESS) **1117 Hebert St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **June 21** 1937

19. UNDERTAKER **Pasquale Miceli** (ADDRESS) **33 No. Kingshighway Bl**

20. FILE **JUN 19 1937** **J. S. Bredek** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 17** 19**37**

22. I HEREBY CERTIFY that I attended deceased from **June 13** 19**37**, to **June 16** 19**37** last saw him alive on **6/16** 19**37** Death is said to have occurred on the date stated above, at **1:45** p.m.

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

Ruptured gastric ulcer Date of onset **6/13**

Other contributory causes of importance: **117a**
Pneumonia Bronchitis 6/15.

Name of operation **Repair of ruptured ulcer** Date of **6/17/37**
What test confirmed diagnosis? **operation** 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? **No**
If so, specify..... (Signed) **Paul Cohen** M. D.
(Address) **1011 1/2 St. Paul**

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.

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16 16 11

