SEP 10 1937

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

Do not use this space.

29446

File No. 8079

Registered No.

1. PLACE OF DEATH

County 2 Registration District No. 791

Township Primary Registration District No. 1003

City St. Louis, Mo. (No. 5510 a Easton Ave. St. Ward)

2. FULL NAME Raffaele Posteraro

(a) Residence, No. 5510 a Easton Ave St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 1863

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 74 | 4 | 25 | |

OCCUPATION

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

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

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 Vincenzo Posteraro

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

MOTHER

15. MAIDEN NAME Saveria Scanga

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

17. INFORMANT Adelaide Posteraro
(ADDRESS) 5510 a Easton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Aug. 30 1937

19. UNDERTAKER Pasquale Miceli
(ADDRESS) 1133 N. Kingshighway Blvd.

20. FILED AUG 28 1937 J. F. Bredick
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/27 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/19/37, 1937, to 8/27, 1937

I last saw him alive on ....., 1937. Death is said to have occurred on the date stated above, at 2:00 m.

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

| | Date of onset |
|---|---|
| Chronic myocarditis | |

Other contributory causes of importance:
Diabetes Type Secondary
Anemia - Cause Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) C. J. Fragnoli, M. D.

(Address) 8209 Cass

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.

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