

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH4710
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City. **St. Louis** (d) Street No. **City Hospital #1** Registered No. **1355**
 (e) Length of residence in city or town where death occurred **16** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Nick Vassolo 2 U O
 (a) Residence, No. **2838 Shenandoah** St. **23** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 5 1938**

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

22. I HEREBY CERTIFY, That I attended deceased from **Feb 4 1938**, to **Feb 5 1938**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 7, 1888**I last saw him alive on **Feb 4 1938**. Death is said to have occurred on the date stated above, at **15:00**.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 8 28

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Candy & Fruit**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Peddler**
 10. Date deceased last worked at this occupation (month and year).....
 11. Total time (years) spent in this occupation.....

Date of onset

Cholera toxin with Chikittianis
Cholera toxin

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pietra BBondande Italy**

Other contributory causes of importance:

Cholera toxin

13. NAME **Vincenzo Vassolo**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Italy**15. MAIDEN NAME **Michelina DelGesso**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown Italy**17. INFORMANT (ADDRESS) **Frank Vassolo 5032 Louisiana**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Feb. 7 1938**19. FUNERAL DIRECTOR (ADDRESS) **P. Miceli & Son 1133 No. Kingshighway Bl.**20. FILED **FEB 7 1938 J.P. Bredekamp**Name of operation **Cholera toxin** Date of **Feb 5 1938**What test confirmed diagnosis? **Yes** Was there an autopsy? **Yes**

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) **Maxwell D. Beck**, M. D.(Address) **City Hospital #1**

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene ; Licensed Embalmer No. 3864

hereby certify that the body recorded on the reverse side of this certificate was embalmed by: me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Arnold W. Schoene

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)