

REC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS **791**
 CERTIFICATE OF DEATH

26913

Do not use this space.

6927

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
 (b) Township St. Louis Primary Registration District No. _____ Registered No. _____
 (c) City St. Louis (d) Street No. 4030 N. Kingshighway St. _____
 (If death occurred in Hospital or Institution write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 70 yrs 6 mos 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kate Bacigalupo

(a) Residence, No. 4030 No. Kingshighway St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of John Bacigalupo
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 6 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) St. Louis
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME James Cella

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

MOTHER 15. MAIDEN NAME Anfelina Baddaraco

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

17. INFORMANT Mrs. Caesar Maglione
 (ADDRESS) 4030 No. Kingshighway

18. BURIAL, CREMATION, OR EXEMPT PLACE Calvary Cem. DATE Aug. 6, 1938

19. FUNERAL DIRECTOR (NAME) Kraeger-Voss-Fix
 (ADDRESS) 3402 No. Kingshighway

20. FILED AUG 4 1938 J. D. Budick
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3, 1938 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1935, to Aug 3, 1938
 I last saw him alive on Aug 3, 1938 Death is said to have occurred on the date stated above, at 7:20 a.m.

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

General carcinoma of
Primary site probably
in Pectoral
466

Other contributory causes of importance:

Diabetes 1935
14 embolism (left) 1935
from cerebral hemorrhage

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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? No
 If so, specify _____
 (Signed) M. G. Garrison, M. D.
 (Address) 5749 Raymond

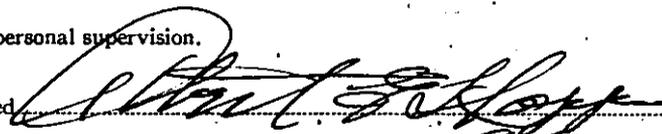
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed


Licensed Embalmer No. 2911

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.