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

Do not use this space. 27

40424 A3

1. PLACE OF DEATH

County ..... Registration District No. 79

Township ..... Primary Registration District No. 1003

City St Louis Mo. (No. Barnes Hospt. St. ..... Ward)

File No. ..... Registered No. 44

2. FULL NAME John Mignerone

(a) Residence. No. 214 Beaugh Ave E. St Louis Ill. Ward 12 114 Baugh - E. St Louis Ill
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amelia Christmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 28 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	11	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired horse trader

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Manchester Mo

PARENTS

10. NAME OF FATHER: Frank Mignerone

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): France

12. MAIDEN NAME OF MOTHER: Katherine Neibert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: John F. Mignerone
(Address) 4421 Tennessee Ave.

15. FILED JAN -3 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-31 1926

17. I HEREBY CERTIFY, That I attended deceased from 12-28-26, 1926, to 12-31, 1926, that I last saw him alive on 12-31-2, 1926, and that death occurred, on the date stated above, at 9.55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Auricular Fibrillation

Myocarditis, Chr.

93C

95B (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Cardiac Decompensation (duration) yrs. 1½ mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? 90B

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam & Lab.

(Signed) S. E. Nesche, M. D

, 19 (Address) Barnes Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Johns Sv. Cem. Manchester Mo

DATE OF BURIAL: Jan 3 1927

20. UNDERTAKER: Wm Schrader & Son

ADDRESS: Ballwin Mo.

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.