

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

Do not use this space.

28907

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No.....) St. (.....) Ward (.....)

File No.....
Registered No. 8480

2. FULL NAME

Isadore Bruno
(a) Residence, No. 5233 Leaggett St. 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 8 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Phillip Mazzola

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

12. MAIDEN NAME OF MOTHER Mary Hinkenouth

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

14. INFORMANT Phillip Bruno
(Address) 5233 Leaggett av.

15. FILED SEP 23 1927 REGISTRAR Wm. C. Stanley

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 22 1927

17. I HEREBY CERTIFY, That I attended deceased from 9/1, 1927, to 9/22, 1927.
that I last saw him alive on 9/21, 1927, and that death occurred, on the date stated above, at 6⁰⁰ P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis
90% 106B
112
(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis
Bronchial Asthma Non-Tubercular
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. H. Steinmann (M. D.)
9/23, 1927 (Address) 5715 Southwest

*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 Peter & Paul DATE OF BURIAL Sept 24 1927

20. UNDERTAKER Paul G. Calcaterra ADDRESS 1921 Cooper

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.

DEPARTMENT RECORD

