

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

Do not use this space.

9259

1. PLACE OF DEATH

County Jackson
Township State
City St Louis city

Registration District No. 399
Primary Registration District No. 1002

File No. 120
Registered No. 120
St. 120 Ward

2. FULL NAME

Achille Bartolomei
(a) Residence. No. 418 East 15th St., 2 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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 m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF adelina Bartolomei

6. DATE OF BIRTH (MONTH, DAY AND YEAR) dec 19-1898

7. AGE YEARS 33 MONTHS 3 DAYS 10 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED plaster work
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) 418 East 15th
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bayni dilusca
(STATE OR COUNTRY) italy

10. NAME OF FATHER Paolo Bartolomei

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

12. MAIDEN NAME OF MOTHER arancia bianchi

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

14. INFORMANT alexia zelluci
(Address) 418 East 15th st.

15. FILED 30 19 28 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29-1928

17. I HEREBY CERTIFY That I attended deceased from March 23rd 1928 to March 29th 1928 that I last saw alive on March 28th 1928, and that death occurred, on the date stated above, at 3019 M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia

36 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Infective Eft
Throat (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: St Joe Hosp

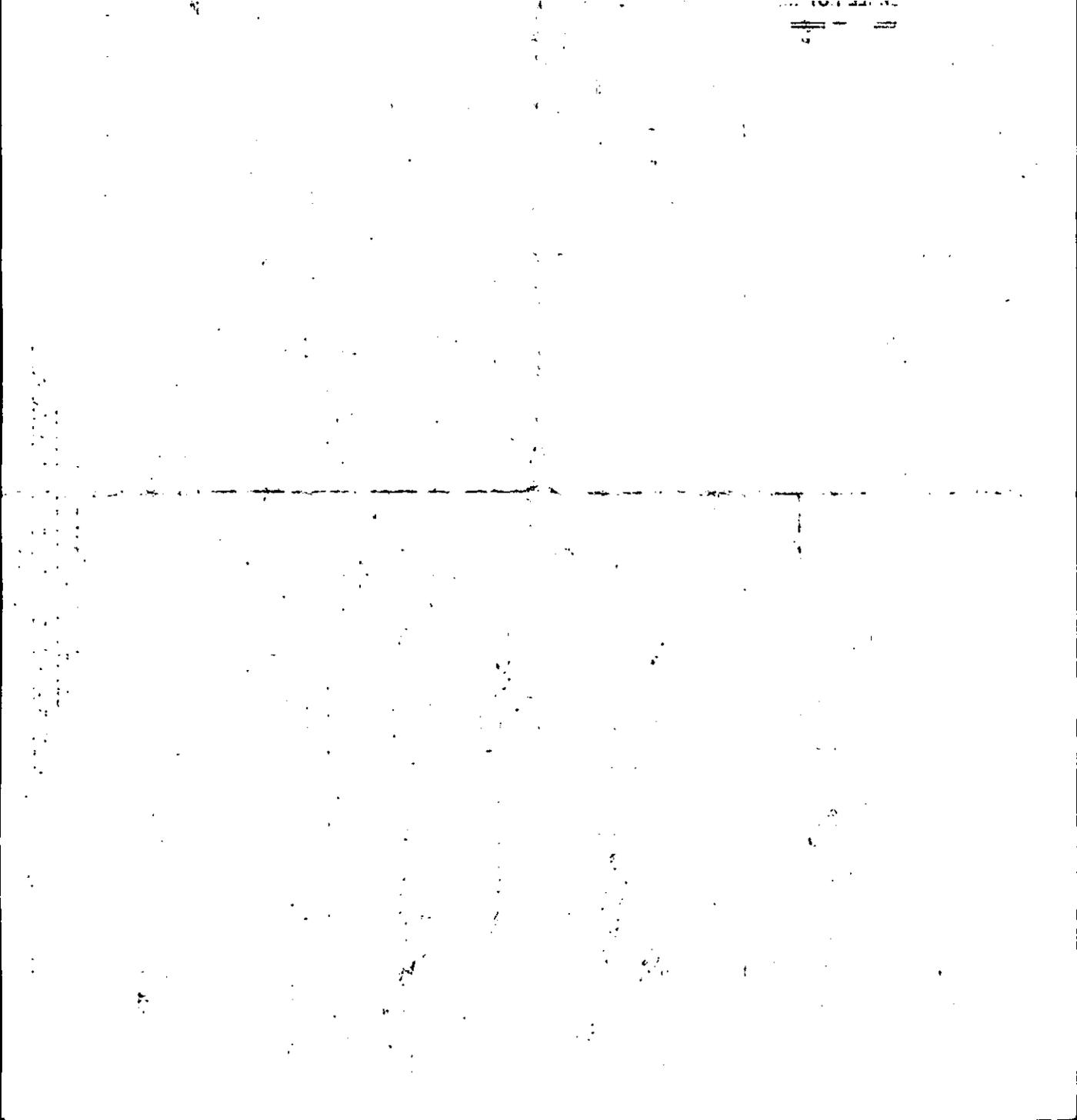
DID AN OPERATION PRECEDE DEATH? no DATE OF chain age

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John O. Spencer M. D.
3/30/28 (Address) 844 2nd St

*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 Chicago Ill DATE OF BURIAL 4/2 1928

20. UNDERTAKER A. Sabatini ADDRESS City



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Jackson Registration District No. 399 File No. _____
 Township _____ Primary Registration District No. 1010 Registered No. 1439
 City W. City (No. _____) St. _____ Ward _____

2. FULL NAME

Achille Bartalomei

(a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

M | W | M

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT

(Address) _____
 FILED 3/20, 1928 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia
cause of infection
unknown
 (duration) yrs. mos. ds. _____
 CONTRIBUTORY Infected left thumb
 (SECONDARY) (duration) yrs. mos. ds. _____

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) John D. Skemp, M. D.
 , 19____ (Address) 336 Talbot

*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-9259