

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

Do not use this space.

22496

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **City, Mo.**)

File No.

Registered No. **6698**

St. Ward)

2. FULL NAME

Vincent Tedesco alias Barbera

(a) Residence. No. **1318 Carr** St., **25** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 3-1907**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **20 11 25**

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) **St Louis Mo**
(STATE OR COUNTRY)

10. NAME OF FATHER **Baldassar Tedesco**

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

12. MAIDEN NAME OF MOTHER **Catherine Lerie**

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

14. INFORMATION (Address) **Baldassar Tedesco 1318 Carr**

15. FILED **26 1928** May C Barker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6-25-28** 19

17. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

that I last saw him alive on, 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Multiple Gun shot wounds of chest

173 (duration) yrs. mos. ds.

CONTRIBUTORY **Homicide** (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **John Deves** M.D.
6/26, 1928 (Address) **250 Corner**

*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

Calvary June 28 1928

20. UNDERTAKER ADDRESS

Benevolent Mechanics 113876

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

