

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

Do not use this space.

25648

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... (No. St John Hospital) St. Ward.....
 File No. Registered No. 7465

2. FULL NAME Bartlo Frumario

(a) Residence. No. 1313 North 14 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 17-1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2

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) Wife
 (c) Name of employer _____

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

PARENTS

10. NAME OF FATHER Agostino Frumario

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

12. MAIDEN NAME OF MOTHER Eugene Varisi

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

14. INFORMANT Bartlo Frumario
 (Address) 1313 North 14

15. JUL 19 1928 Max C Stanley
 FILED 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19. 1928
 17. I HEREBY CERTIFY, That I attended deceased from 7/17/28

....., 19....., to 19.....
 that I last saw him alive on July 18, 1928, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral thrombosis
160L

CONTRIBUTORY (SECONDARY) New Born (duration) yrs. mos. ds.

18. WERE THERE DISEASE CONTRACTED no instrumentation
 IF NOT IN PLACE OF DEATH normal delivery

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? Spirit Purchase

WHAT TEST CONFIRMED DIAGNOSIS? George J. Mehan, M.D.

(Signed) George J. Mehan, M.D. 7/19, 1928 (Address) 7006 So Jefferson

*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 Cemetery DATE OF BURIAL July 20, 1928

20. UNDERTAKER Bennett-Mehans ADDRESS 113816

K. 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.

THIS IS A PERMANENT RECORD

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