

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

Do not use this space.

31567

1. PLACE OF DEATH
 County St. Louis Registration District No. 789
 Township Central Primary Registration District No. 6023B File No. _____
 City (No. 3350 Emmence Ave. St. _____ Ward) Registered No. 291

2. FULL NAME David Molinari
 (a) Residence. No. 3350 Emmence Ave. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 3 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Night watchman
 (b) General nature of industry, business, or establishment in which employed (or employer) retired
 (c) Name of employer _____

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

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Minnie Molinari
 (Address) 3350 Emmence Ave

15. FILED 9/30 1928 Wolla Grace M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 29th 1928

17. I HEREBY CERTIFY That I attended deceased from July 21st 1928 to Sept. 29th 1928 (that I last saw him alive on Sept. 29th 1928, and that death occurred, on the date stated above, at 9:30 p.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93C myocarditis
97 90B
 (duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY Arterio-sclerosis
 (SECONDARY) (duration) 1 yrs. _____ mos. _____ da.

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. J. Bohman, M. D.
930, 1928 (Address) Pattersonville Mo

*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. Peters Cem DATE OF BURIAL 10-2 1928

20. UNDERTAKER Geo. L. Heitsch ADDRESS 5966 Eastern Ave

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.

