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

Do not use this space. 8406

1. PLACE OF DEATH

County ..... Registration District No. ..... 91 File No. 2068

Township ..... Primary Registration District No. ..... 93 Registered No. 2068

City St Louis Mo (No. St Louis Children's Hospital St. ..... Ward)

2. FULL NAME Jack Manzo

(a) Residence. No. ..... St., 12 Ward. Du Quoin Ill
(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)
Male	white	✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-16-28

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		3	28	

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

2 9. BIRTHPLACE (CITY OR TOWN) Du Quoin
(STATE OR COUNTRY) Illinois

PARENTS

16 10. NAME OF FATHER Joe Manzo

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

12. MAIDEN NAME OF MOTHER Mary Lombardo

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

14. INFORMANT L. Koetting
(Address) 500 S. Kingshighway

15. FILED FEB 13 1929, 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-13 1928

17. I HEREBY CERTIFY, That I attended deceased from 2-4, 1929, to 2-13, 1929 that I last saw him alive on 2-13, 1928, and that death occurred, on the date stated above, at 1:28 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pyo-nephrosis - Rt
Peri-renal abscess Rt. due to Pyonephrosis
1330 (duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) 1310 (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2-13-29

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? operation & autopsy

(Signed) George S Littell, M.D

, 19 (Address) St Louis Children's Hosp.

*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 Du Quoin Ill — DATE OF BURIAL 2-14-1929

20. UNDERTAKER Joe Manzo. Du Quoin Ill — ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.