

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

Do not use this space.

16372  
4413

**1. PLACE OF DEATH**

County..... Registration District No. 787  
 Township..... Primary Registration District No. 3003  
 City St. Louis (No. Enroute to City Hosp #1 St. .... Ward)

**2. FULL NAME**

Jasper Amaro  
 (a) Residence, No. 1433 N 23<sup>rd</sup> St. 24 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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) MARRIED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF? Antonietta Amaro  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4, 1883  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 46 3 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work furniture Polisher  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer Mrs. Pohlman Furniture

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Italy

**10. NAME OF FATHER**

Giuseppe Amaro

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Italy

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Italy

**14.**

INFORMANT Antonietta Amara  
 (Address) 1433 N 23<sup>rd</sup> St.

**15.**

FILED APR 16 1929 May C. Stanley  
 19..... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 14 1929

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 7:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Dissected Aortic Aneurysm

CONTRIBUTORY (SECONDARY) 9/10 (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) [Signature] M.D. (Address) 4/16 1929 [Address]

\*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 CATHARY DATE OF BURIAL Apr 17 1929

20. UNDERTAKER Bensack Neuman ADDRESS 1138 N 16<sup>th</sup> St.

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.

RECORDING INK—THIS IS A PERMANENT RECORD

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