

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

Do not use this space.

28901

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **003**
City..... (No. **City Hospt ***)

File No.....
Registered No. **7991**
St..... Ward)

2. FULL NAME John Baptista LaRosa

(a) Residence, No. 1535 Bacon St. 11 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **None**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 31, 1913**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	16	10	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Clerk**
(b) General nature of industry, business, or establishment in which employed (or employer) **Chester Nitting Mills**
(c) Name of employer

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

10. NAME OF FATHER **Tommaso LaRosa**

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

12. MAIDEN NAME OF MOTHER **Jennie Gandolfo**

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

14. INFORMANT Tommaso LaRosa
(Address) 1535 Bacon

15. FILED..... 19..... W. E. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 1929

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at....., 1929, a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis

CONTRIBUTORY (SECONDARY) **S.S.B.** (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John J. Hurley, M. D.
8/2-1929 (Address) Deputy Coroner

*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 Aug 3 1929

20. UNDERTAKER Bensiek - Nichau ADDRESS 1138 1/2 160

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.

WHITE PRINT, WITH UNWADING INK—THIS IS A PERMANENT RECORD

