

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

Do not use this space.

31705

**1. PLACE OF DEATH**

County St. Charles  
Township Dardenne  
City O'Fallon, Mo. (No. \_\_\_\_\_)

Registration District No. 760  
Primary Registration District No. 6001

File No. \_\_\_\_\_  
Registered No. 109  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Edward Bigelli

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ 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)** Sept 20, 1929

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, 5 hrs. or        min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** O'Fallon, Mo.  
(STATE OR COUNTRY)

**10. NAME OF FATHER** Louis L. Bigelli

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

**12. MAIDEN NAME OF MOTHER** Ellen Bishop

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** St. Charles  
(STATE OR COUNTRY) Mo.

**14. INFORMANT** Louis L. Bigelli  
(Address) 10 Fallon, Mo.

**15. FILED** 9/23, 1929 J. M. Jenkins M.D.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Sept. 21 1929

**17. I HEREBY CERTIFY, That I attended deceased from** Sept 20, 1929, to Sept 21, 1929  
that I last saw him alive on Sept 21, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Premature Birth  
159 (6 mo fetus)

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

1610

(duration) yrs. mos. ds.

**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?** Clinical signs  
(Signed) B. P. Wantha M. D.

Sept 23, 1929 (Address) St. Charles, 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. Hubert Burial Home **DATE OF BURIAL** Sept 21 1929

**20. UNDERTAKER** H. DeClemeyer 1500 60 **ADDRESS** St. Hubert Burial Home

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.

RECORD

1929  
OCT 24 1929

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