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

Do not use this space.

39261

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 603

City St Louis (No. 5420 Dempsey St. ..... Ward)

File No. 11765

Registered No. .....

2. FULL NAME Martino Iadreschi

(a) Residence. No. 5421 Dempsey 13 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 - 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
41	7	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Terra Cotta

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

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Alexandro Iadreschi

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

12. MAIDEN NAME OF MOTHER Francisca Unknown

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

14. INFORMANT Enrichetta Iadreschi
(Address) 5421 Dempsey

15. FILED DEC 3 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/30 1929

17. I HEREBY CERTIFY, That I attended deceased from 11/20, 1929, to 11/30, 1929 that I last saw him alive on 11/29, 1929, and that death occurred, on the date stated above, at 8 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108

Lobar Pneumonia

..... (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) .....

..... (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? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L. A. Millikin, M. D.

12/2, 1929 (Address) 4928 Shaw

*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
St Peter - Paul	Dec 3 1929
20. UNDERTAKER	**ADDRESS**
Paul C Calcaterra	1921 Cooper

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.