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

Do not use this space.

File No. 7259
Registered No. 2136

1. PLACE OF DEATH

County ..... Registration District No. 1781
Township ..... Primary Registration District No. 11003
City St Louis (No. 6023 Cates Ave St. ..... Ward)

2. FULL NAME August L. Pieri

(a) Residence. No. ..... St., 5 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2 - 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	22	6	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper at Home
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Orazio G Pieri
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Lena Bilenchi
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Italy

14. INFORMANT Orazio G Pieri
(Address) 6023 Cates Ave

15. FILED ....., 19..... Mat C Vander Ha
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1930, to ~~Feb.~~ Feb. 28, 1930, that I last saw h~~im~~ alive on Feb. 23, 1930, and that death occurred, on the date stated above, at 6 30 A.M.?

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia

109A
95A ..... (duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) Myocarditis Acute ..... (duration) ..... yrs. ..... mos. 14 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? Physical diagnosis
(Signed) Karl J. Polzer, M. D.
3/28, 1930 (Address) 3623 Cleveland

*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.

Dr. Karl J. Polzer

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery
DATE OF BURIAL 3/3 1930

20. UNDERTAKER Arthur J Donnelly
ADDRESS 2039 Wash St

...ERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...ITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

D2 Valaz.
3623 Cleveland
7-8