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

Do not use this space.

17722

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 10 3

File No. .....

Registered No. 4815

City St Louis (No. City Hospital St. ..... Ward)

2. FULL NAME William Lombardo

(a) Residence. No. 5347a Gilson St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 37 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~~ Ida Lombardo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
Abt	45	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

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

(c) Name of employer Massucci Produce Co

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

PARENTS

10. NAME OF FATHER Tony Lombardo

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

12. MAIDEN NAME OF MOTHER Concetta Carto

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

14. INFORMANT E Rowan
(Address) City Hospital

15. FILED ....., 19.... Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 14 1930

17. I HEREBY CERTIFY, That I attended deceased from April 19, 1930, to May 14, 1930 that I last saw him alive on May 14, 1930 and that death occurred, on the date stated above, at 9 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis (Far Advanced)

23A (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) ✓ (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 5347a Gilson

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Xray Chest

(Signed) Benj Margulois, M. D.

5/14, 1930 (Address) City Hospital

*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	May 17 1930

20. UNDERTAKER	ADDRESS
Bensieck-Niehaus	1138 No. 6th

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.

Lombardo.

OCT 6 1959