

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

Do not use this space.

17723

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. 1008 9th 8th)

File No.
Registered No. 4816
St. Ward)

2. FULL NAME

John Triseo
(a) Residence, No. 1008 9th 8th St., 25 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 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) May 15, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Day Laborer
(c) Name of employer

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

10. NAME OF FATHER John Triseo

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

12. MAIDEN NAME OF MOTHER Mary (Unknown)

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

14. INFORMANT (Address) Joe Orlando 8th & Wash St.

15. FILED 19 May 21 1930 REGISTRAR Max C. Starker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1930

17. I HEREBY CERTIFY, That I attended deceased from 4/19 1929, to 5/10 1930, that I last saw him alive on 5/10 1930, and that death occurred, on the date stated above, at 10:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis (chronic)
930 (duration) 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18 DID AN OPERATION PRECEDE DEATH? DATE OF

18 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. C. Fleischer M. D.

, 19 30 (Address) 822 Century Bldg

*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

Benjamin Niehaus

1138 9th 6th

Dr. J. C. Fleischer

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Mr J. C. Fleischman
Century Bldg.

2-3 D.M.

m 41276