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

Do not use this space.

40607

JAN 22 1931

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 B — Registered No. 344
City Wellston (No. 6329 Wells Ave St. Ward)

2. FULL NAME William A Colonna
(a) Residence. No. 6329 Wells 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5 - 1857

7. AGE: YEARS 73 — MONTHS 4 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Teamster
(b) General nature of industry, business, or establishment in which employed (or employer): Laborer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER Angela Colonna
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. D. Ryan
(Address) 6329 Wells Ave

15. FILED 12/10, 1930 Rolla Bracy M.D. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 8 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec - 1 -, 1930, to Dec - 8 -, 1930 that I last saw him alive on Dec - 7 -, 1930, and that death occurred, on the date stated above, at 10:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Disease of Heart
131
92A
(duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis (duration) 5 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? Physical Findings
(Signed) D. Gustave Dahms, M. D.
Dec 9, 1930 (Address) 1452 S Grand

*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: B. B. Peter and Paul Cem — DATE OF BURIAL: Dec. 11 - 1930

20. UNDERTAKER: Jos. W. Clark — ADDRESS: 1125 Hodiamont Ave.

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.