

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

Do not use this space.

41526
12216

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 106
City..... (No. The Baptist Hospital) St. Ward)

2. FULL NAME

William Lombardo
(a) Residence. No. 1511 Carr St., 2.5 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 29 1912

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>18</u>	<u>9</u>	<u>—</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Fruit Dealer
(b) General nature of industry, business, or establishment in which employed (or employed):
(c) Name of employer: Lombardo Fruit Produce Co

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis, Mo

10. NAME OF FATHER

Mike Lombardo

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER

Josephine Riggo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Italy

14.

INFORMANT: Mike Lombardo
(Address) 1511 Carr St

15.

570 30 1931
FILED 19 Nov 27 1931
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1931

17. No Physician in attendance
I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., and that that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 2:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gun shot wound of abdomen
175 1917 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Homicide (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John Hurley

10/30, 1930 (Address) Deputy Coroner

*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

Cemetery Jan 1931

20. UNDERTAKER

ADDRESS

Burial-Hebans 1628 9/6

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.

