

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

Do not use this space.

3155

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis, Mo. (No. 2724a S. 9th Street St. Ward) **367**

2. FULL NAME Mike Bitto

(a) Residence. No. 2724a S. 9th Street St. 23 Ward. (If nonresident, give city or town and State)
 (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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Anna Bitto**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 4th, 1887**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	43	10	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Packer** **151**
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer **Medart Company**

9. BIRTHPLACE (CITY OR TOWN)..... **Austria** **3**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Mike Bitto**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Anna Bitto**
 (Address) **2724a S. 9th Street**

15. FILED..... 19..... **Max C. Parker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **January 8, 1931.**

17. **No. 1780** I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at **3:30 P. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carbon Monoxide Poisoning
occasioned by fumes from
auto exhaust in garage
at residence (duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY)

1780 Accident (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED.....

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **John J. Hurley, M.D.**

Jan. 9th 1931 (Address) **1111 Broadway**

*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 **Missouri Crematory**

DATE OF BURIAL **Jan. 10, 1931**

20. UNDERTAKER **Wacker-Heldrich**

ADDRESS **2331 S. Brady**

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.

