

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

Do not use this space.

7780

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis Mo. No. Sanitarium

File No.....
Registered No. 2146
St..... Ward.....

2. FULL NAME

James Dreda
(a) Residence No. 1485 Clara Ave., 13 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 7 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
42 7 28

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

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

10. NAME OF FATHER..... Unknown

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

12. MAIDEN NAME OF MOTHER..... Unknown

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

14. INFORMANT W.F. McNamee Sr
(Address) 5400 Arsenal St

15. FILED 77 731 May 27 1931
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-16-31 1931

17. I HEREBY CERTIFY, That I attended deceased from.....
Oct 20th 1930, to Feb 15th 1931
that I last saw h. alive on Feb 15th, 1931, and that death occurred, on the date stated above, at 1110 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
92C
Chronic Myocarditis
97
107 (duration) yrs. 3 mos. 27 ds.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis
Hypertension (duration) yrs. 3 mos. 27 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY..... no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) William F. McNamee, M. D.

2/16 1931 (Address) 5400 Arsenal St

*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
Our Calvary Cemetery Feb. 18 1931

20. UNDERTAKER ADDRESS
Chas F. Stewart 501 E. Easton Ave.

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.

W. M. B. RESERVED FOR BINDING

