JUN 29 1931

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

Do not use this space.

19152

1. PLACE OF DEATH
County St. Louis — Registration District No. 784
Township St. Ferdinand — Primary Registration District No. 6030
City ..... (No. St. Louis Training School St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Donald Vento
(a) Residence. No. #16 Hill Vale Pl. St., ..... Ward. Kirkwood, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. Life 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23, 1927

7. AGE: Years 3 — Months 9 — Days 15 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Not any
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

PARENTS
10. NAME OF FATHER: Leo Vento
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Italy 14
12. MAIDEN NAME OF MOTHER: Esther Vento
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cleveland Ohio 2

14. INFORMANT: Records of St. Louis Tr. School
(Address)

15. FILED May 8th, 1931 Dr Carl J. Koontz REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1931, to May 8, 1931 that I last saw him alive on May 8, 1931, and that death occurred, on the date stated above, at 3 pm.

98H THE CAUSE OF DEATH* WAS AS FOLLOWS:
109 B Gangrenous Stomatitis
87 B
107 A (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia Imbecility (duration) ..... yrs. ..... mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
9 DID AN OPERATION PRECEDE DEATH? — DATE OF (1)
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Dr. D. Ellerseick, M. D.
May 8, 1931 (Address) St. Louis Tr. School

*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: St. Trinity Luth Cemetery — DATE OF BURIAL: 5/11 1931

20. UNDERTAKER: C. Hoffmeister N & L Co — ADDRESS 7814 S. Bdway