

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

Do not use this space.

19615

1. PLACE OF DEATH

County.....

Registration District No.

791

1003

Township.....

Primary Registration District No.

City St. Louis

(No. 5229 Botanical)

File No.

Registered No. 5577

St. Ward)

2. FULL NAME

Louis Venegoni

(a) Residence. No. 5229 Botanical St. 13 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

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) Feb. 12 - 1908

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day,hrs. ormin.

23

3

1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo. 1

10. NAME OF FATHER

George Venegoni

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Italy 16

12. MAIDEN NAME OF MOTHER

Regina Rancilio

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Italy

14. INFORMANT

(Address) St. Venegoni
5229 Botanical

15. FILED

May 1, 1931

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/13 1931

17. I HEREBY CERTIFY, That I attended deceased from 5/8, 1931, to 5/13, 1931, that I last saw him alive on 5/12, 1931, and that death occurred, on the date stated above, at at 2 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar pneumonia

108 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)

(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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. A. Milliken, M. D.

5/14, 1931 (Address) 4928 Shaw

*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

St Peter - Paul Cem.

May 16 1930

20. UNDERTAKER

ADDRESS

Paul Calcaterra

5142 Waggett av

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

na. 1911