

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

Do not use this space.

✓ 39085  
File No. 11255  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 1003  
City St. Louis (No. City Hospital)

11353

**2. FULL NAME**

(a) Residence, No. 914 N. 13th St., 25 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6th, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27th, 1931 to Nov. 6th, 1931.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1864

I last saw him alive on Nov. 6th, 1931. Death is said to have occurred on the date stated above, at 5:15 P.M.

7. AGE YEARS 67 MONTHS 7 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pol. Comm.

Cerebral Hemorrhage  
Terminal Pneumonia  
Bronchial 932

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Comm.

Other contributory causes of importance: 82A  
122A 130  
Arteriosclerosis

10. Date deceased last worked at this occupation (month and year) Aug. 1, 1931 11. Total time (years) spent in this occupation By

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

13. NAME Jony Ingolia

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

15. MAIDEN NAME Elizabeth Dunsour

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Hospital Information  
City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Nov 9 1931

19. UNDERTAKER (ADDRESS) Benjamin McKean  
12516 6th St.

20. FILED NOV - 8 1931 Max Standen Registrar.

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Miscal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_, M. D.

(Address) City Hospital

Dr. W. H. Haller

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERSISTENT 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.

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