

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

Do not use this space.

14573

1. PLACE OF DEATH

County..... Registration District No. 1033
Township..... Primary Registration District No. 1033
City St. Louis (No. 1400) Hospital St. _____ Ward _____

File No. _____
Registered No. 3961

2. FULL NAME

(a) Residence, No. 1000 O'Fallon St., _____ Ward 25
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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) Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie La Mantia
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1892
7. AGE YEARS 39 MONTHS 11 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 157
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME John La Mantia

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

15. MAIDEN NAME Catherine Lafata

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

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE Apr 22, 1932

19. UNDERTAKER (ADDRESS) BENSIEK-NEHANS 1138 W. 6th St

20. FILED: Apr 22 1932 Ray C. Harloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1932 to April 19, 1932
I last saw him alive on April 19, 1932 Death is said to have occurred on the date stated above, at 12:05 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Date of onset 3/4/32
Other contributory causes of importance: _____

Name of operator Clarence W. King Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify Carl H. Hoag, M. D.
(Signed) _____ (Address) City Hospital

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.

WHITE PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD

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