

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

Do not use this space.

27617

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City.....  
 Registration District No. **701**  
 Primary Registration District No. **10015**  
 (No. **6812 Lansdowne**)

File No.....  
 Registered No. **7434**  
 St. .... Ward)

**2. FULL NAME**

**Emelia (Banco) Banco**  
 (a) Residence, No. **5812 Lansdowne** 3 Ward.

(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**abt 39**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **None**  
 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 16**

13. NAME **Angelo Banco**

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

15. MAIDEN NAME **Josephine Andreatto**

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

17. INFORMANT **Mills Banco**  
 (ADDRESS) **3715 Delmar Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **8-16-32**

19. UNDERTAKER **Zingenberg Bros.**  
 (ADDRESS) **2214 Grand**

20. FILED **AUG 14 1932** **W. J. Turner** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-7-32**

22. I HEREBY CERTIFY, That I attended deceased from **No Physician** 19... to **Attended** 19...

I last saw him alive on **1/5/30** 19... Death is said to have occurred on the date stated above, at **1150** m.

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

**Hemorrhage of Brain Traumatic**  
**received in a fight with another man struck with fist striking head on floor**

Other contributory causes of importance:  
**195P**  
**82A**  
**Homicide**

Name of operation **(57)** Date of...  
 What test confirmed diagnosis... Was there an autopsy... **yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **St. Louis** Date of injury **8-14-32**

Where did injury occur? **St. Louis** (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Homicide**  
 Nature of injury.....

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

(Signed) **W. J. Turner**, M. D.  
 (Address) **Dep. Coroner**

WHITE 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.

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