WRITE 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.

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

Do not use this space.

30840

1. PLACE OF DEATH

County..... Registration District No. 791 1003

Township..... Primary Registration District No.....

City St. Louis (No. Alexian Bros. Hospt St. ..... Ward)

File No.....

Registered No. 8551

2. FULL NAME Charles Valoni

(a) Residence, No. 1814 Cooper St. 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) July 17 1887

7. AGE: 45 YEARS 2 MONTHS 6 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common 237

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

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

FATHER

13. NAME Lonegi Valoni

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

MOTHER

15. MAIDEN NAME Giuessepa Taveggia

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

17. INFORMANT Giuseppe Calcaterra
(ADDRESS) 1814 Cooper St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter & Paul DATE Sept. 25, 1932

19. UNDERTAKER Paul Calcaterra
(ADDRESS) 5142 Raggett

20. FILED SEP 23 1932, 19 Mary C. Hartley Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1-1932 to Sept. 23-1932, 19..., I last saw him alive on Sept 22, 1932. Death is said to have occurred on the date stated above, at 24 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Lungs	
34	
105°	
24	
Other contributory causes of importance: —	
Fever,	
10	

Name of operation No Date of .....
What test confirmed diagnosis? Clinical 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 .....

(Signed) Neil S. Moore, M. D.
(Address) 729 Grand Ave.