

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

Do not use this space.

31030

1. PLACE OF DEATH

County Registration District No. 1700
 Township Primary Registration District No. 1000
 City St. Louis (No. Emeraude City Hosp #1) Ward)

File No.
 Registered No. 8756

2. FULL NAME

(a) Residence, No. 13249 Blain Ad. 25 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 M. 4. COLOR OR RACE W. 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) St. Louis Oct 22 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>16</u>	<u>1</u>	<u>11</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1906-1948
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1907-1948
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 107A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER FATHER 13. NAME Sony Centerino

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

15. MAIDEN NAME Susie Tulo

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

17. INFORMANT (ADDRESS) J. W. Kerner

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct 1 1932

19. UNDERTAKER (ADDRESS) Bozatek & Wilson

20. FILED SEP 30 1932 Max Starnoff Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician attended at home from 19 to 19

I last saw h..... alive on 1932 Death is said to have occurred on the date stated above, at 6:30 m.

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

Bronchio
Pneumonia
Fracture of left femur
Received in fall down
stairs
 Other contributory causes of importance: as Residence
1860 Accident

Name of operation 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? Slip Date of injury 9-9-32

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury Fall down stairs
 Nature of injury Fracture of left femur

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

(Signed) J. W. Kerner M.D.
 (Address) 1000

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.

