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.

41561

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 401

City Jefferson Barracks (No. Veterans Administration Hospital St. Ward)

2. FULL NAME Domanic Interante

(a) Residence, No. 316 N. Hickory St. St., Ward. DuQuoin, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U. S., if of foreign birth? Un yrs. kn mos. OWNds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	11	2.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner 11

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

10. Date deceased last worked at this occupation (month and year) Unavailable — 11. Total time (years) spent in this occupation Unav. 11

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

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Unavailable 21

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT C. H. SMITH, M.D., Veterans Adm. Hosp. (ADDRESS) Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Du Quoin Ills DATE Dec-12 1932

19. UNDERTAKER Greenberg Und Co (ADDRESS) Du Quoin, Ills

20. FILED Dec 9 1932 O'Brock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1932, to December 8, 1932

I last saw him alive on December 8, 1932. Death is said to have occurred on the date stated above, at 6:35 pm

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

	Date of onset
Myocarditis, with hypertrophy and dilatation, associated with passive congestion at bases of lungs	
Other contributory causes of importance: Valvular Heart Disease, Aortic insufficiency	

Name of operation None — Date of

What test confirmed diagnosis? Xray, laboratory, & physical findings — 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

(Signed) W. C. GIBSON, M.D., Veterans Adm. Hosp.

(Address) Jefferson Barracks, Mo.

7. [illegible]