

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

Do not use this space.

7987

791
1023

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City St. Louis, Mo. (No. City Hospital #1) St. Ward)

File No.
 Registered No. 1987
 St. Ward)

2. FULL NAME

Angelo De Bernardi
 (a) Residence, No. 85418 Botanical 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 30 yrs. mos. ds. How long in U. S., if of foreign birth? 2 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>51</u>	<u>5</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Labourer

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

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

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

MOTHER FATHER 13. NAME Anthony De Bernardi

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

MOTHER 15. MAIDEN NAME Rose Venecaini

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

17. INFORMANT (ADDRESS) Marie De Bernardi
85418 Botanical

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul DATE 2-25-1933

19. UNDERTAKER (ADDRESS) Paul Calatara
5742 Dapert

20. FILED FEB 27 1933 W. J. O'Connell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan. 4th, 1933, to Feb. 24, 1933
 Last saw him alive on Feb. 24, 1933 Death is said to have occurred on the date stated above, at 2:49 pm.

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

Metastatic embolus - brain -
respiratory failure -
during operation 55
 Other contributory causes of importance:
Extensive diffuse
lipomata of neck
removal of lipomata
 Name of operation removal of lipomata Date of 2-27-33
 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 fall from
 Nature of injury fall from

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) Joseph J. Quinn, M. D.
 (Address) 1575 Lafayette

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.

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