

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

Do not use this space.

21214

1. PLACE OF DEATH

County..... Registration District No. 707
Township..... Primary Registration District No. 11112
City..... (No. 1537 Hogan)

File No.
Registered No. **4989**
St. Ward)

2. FULL NAME

(a) Residence, No. 1537 Hogan St., 26 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Romonia Amato</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 23 1881</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>6</u>
	DAYS <u>13</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cairy</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Perator</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 1933</u>	
FATHER	11. Total time (years) spent in this occupation <u>10 yrs</u>	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
	13. NAME <u>Joseph Amato</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
	15. MAIDEN NAME <u>Rosaria Plesco</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
	17. INFORMANT (ADDRESS) <u>Romonia Amato 1537 Hogan</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>June 8 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Benet Hekman 1158 Hogan</u>		
20. FILED <u>JUN - 8 1933</u> <u>J. P. Bredak</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1933

22. I HEREBY CERTIFY That I attended deceased from June 1, 1933, to June 6, 1933
I last saw him alive on June 6, 1933. Death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:
Bronch pneumonia 4/1/33
107A 107A
Other contributory causes of importance:
none
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?..... 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 Jos. P. Berman, M. D.
(Signed) Jos. P. Berman, M. D.
(Address) 940 - Mo. Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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