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.

File No. 21746
Registered No. 5550

1. PLACE OF DEATH

County ..... Registration District No. 1971
Township ..... Primary Registration District No. ...
City St Louis. (No. 1400, 19th St. ..... St. ..... Ward)

2. FULL NAME Antonio Maria

(a) Residence, No. 1400 - 19th St. - St., 25 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? 25 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ Caterina Maria

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 - 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38	2	12 -	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) June 2 - 1933

11. Total time (years) spent in this occupation 20

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

FATHER

13. NAME Vincenzo Maria.

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

MOTHER

15. MAIDEN NAME Gloria Giamalo

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

17. INFORMANT Vincenzo Maria
(ADDRESS) 1108 - Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE June 27 1933

19. UNDERTAKER Jos. R. Cadigan
(ADDRESS) 1123 - N. Broadway

20. FILED JUN 27 1933, 19 J. F. Bledsoe
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

No Physician in attendance

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8:39 a.m.

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

	Date of onset
173	
103B	173
Gunshot Wound of Abdomen & Chest Hemorrhage of Abdomen & Chest both	

Other contributory causes of importance:
Edema, hemorrhagic of Lungs and Diffusion

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? Homicide Date of injury 6/23, 1933
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.
In Home
Manner of injury Shot by person
Nature of injury Gunshot Wound of Abdomen

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....
(Signed) Thos. J. Feeney
(Address) Deputy Coroner

6/26/33