

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

Do not use this space.

24641

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **5235 Wilson**)

File No.....
 Registered No. **6037** St. Ward)

2. FULL NAME **Luigi Miramonti**

(a) Residence, No. **5235 Wilson** 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Revetta		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9th, 1879		
7. AGE YEARS 54	MONTHS 4	DAYS 0
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation.....		

OCCUPATION

MOTHER FATHER

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

13. NAME **John Miramonti**

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

15. MAIDEN NAME **Theresa Gornatto**

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

17. INFORMANT **Louis Miramonti**
 (ADDRESS) **5235 Wilson**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **St. Peter & Paul** DATE **July 12, 1933**

19. UNDERTAKER **Paul Caldaterra**
 (ADDRESS) **514 1/2 Wagoner Ave**

20. FILED **JUL 10 1933** **J. F. Bredek**
 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 9, 1933**

22. I HEREBY CERTIFY That I attended deceased from **May 13, 1933** to **July 9, 1933**
 I last saw him alive on **July 8, 1933**. Death is said to have occurred on the date stated above, at **4 A. M.**
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
20^A Chronic, Bilateral
 Date of onset **-**

Other contributory causes of importance:

Name of operation **none** Date of.....
 What test confirmed diagnosis? **Sputum** Was there an autopsy?.....

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) **Charles Montani** M. D.
 (Address) **1926 A Cooper St.**

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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16
16

1948
The 1st of
October
1948