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.

SEP 26 1933

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

Do not use this space.

28267

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 10

City St Louis (No. City Hospital St. ..... Ward)

File No. ..... Registered No. 7401

2. FULL NAME 8142 Pete Colmo

(a) Residence, No. 5015 Union Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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~~ Mary Colmo

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 - 1888

7. AGE: YEARS 45 MONTHS 6 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME Tony Colmo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Katie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Hosp. Inf. Mt. Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 8/29 1933

19. UNDERTAKER (ADDRESS) Bensick - Niehaus 1138 No. 6th St.

20. FILED AUG 28 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-17, 1933, to 8-26, 1933

I last saw him alive on 8-26, 1933 Death is said to have occurred on the date stated above, at 10 15 a m.

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

Intestinal Obstruction — Date of onset

122 B1

Other contributory causes of importance:
Post-operative adhesions

Name of operation Expl. Laparotomy Date of 8/21/33

What test confirmed diagnosis? Operation 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 .....

(Signed) H. Howlett E., M. D.
(Address) City Hosp #4