

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

Do not use this space.

34748

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 25
City St. Louis, Mo. (No. Barnes Hospital) St. _____ Ward _____

File No. _____
Registered No. 8913
St. _____ Ward _____

2. FULL NAME

Nicholas Sodaro
(a) Residence No. 1412 Wright St. 1300 Ward 26
(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 <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>Antonia Sodaro</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 25, 1898</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>3</u>
	DAY <u>17</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>Auto mechanic</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 9 - 27, 1933, to 10 - 13, 1933

I last saw him alive on 10 - 13, 1933. Death is said to have occurred on the date stated above, at 10:20 a.m.

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

<u>Pneumonia Broncho</u>	Date of onset
<u>mediastinal tumor, benign</u>	
<u>54E</u>	
<u>107A</u>	

Other contributory causes of importance: 54E

1. Name of operation Removal of mediastinal tumor Date of 10/27/33

What test confirmed diagnosis? _____ Was there an autopsy? yes

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 Lung & Byars, M. D.
(Signed) _____ (Address) Burns 1450 ap

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

13. NAME John Sodaro

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

15. MAIDEN NAME Theresa Callaro

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

17. INFORMANT Mrs. Sodaro
(ADDRESS) 1412 Wright

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Oct. 16 1933

19. UNDERTAKER Bensink-Niehans
(ADDRESS) 113 1/2 W. 6th St.

20. FILED 15 1933 19 J. J. Bredeck
Registrar.

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

NOV 10 1933

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