

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.

2960

791
1003

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. St. Johns Hospt.) St. Ward)

File No.
Registered No. 606

2. FULL NAME Hamlet Vinciguerra

(a) Residence, No. 5224 Daggett St. 13 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 9

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) St. Louis MO.

FATHER
13. NAME Phillip Vinciguerra

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

MOTHER
15. MAIDEN NAME Thers a Minella

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

17. INFORMANT Phillip Vinciguerra (ADDRESS) 5224 Daggett

18. BURIAL, CREMATION, OR REMOVAL
PLACE S.S. Peter-Paul DATE Jan 18 1934

19. UNDERTAKER Paul E. Calcaterra (ADDRESS) 5142 Daggett

20. FILED Jan 11 1934 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/16 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/2 1934 to 1/15 1934
I last saw him alive on 1/15 1934 Death is said to have occurred on the date stated above, at 9:25 Am.
The principal cause of death and related causes of importance were as follows:

Pneumonia RT
fatal
100
1008
Other contributory causes of importance: acute myocarditis

Name of operation Date of
What test confirmed diagnosis? clinical 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?
If so, specify
(Signed) J. H. Reedy, M. D.
(Address) 1923 Cooper

