

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No. **22325**

Township.....

Primary Registration District No. **1003**

Registered No. **6104**

City **St. Louis** (No. **3833**)

City **St. Louis** (St. **13** Ward)

2. FULL NAME

(a) Residence, No. **2012 Waverford** Ward. **13**
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 21, 1934**

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

22. I HEREBY CERTIFY That I attended deceased from **6/6** 19**34** to **6/21** 19**34**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 26, 1873**

I last saw him alive on **6/21** 19**34** Death is said to have occurred on the date stated above, at **8:30** a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **60 6 25**

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

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. **Saloon**
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

Date of onset

Lobar pneumonia
Empyema, rt.

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

Other contributory causes of importance: **108**

13. NAME **Francis Romano**

Name of operation **Thoracentesis** Date of **6/9/34**

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

What test confirmed diagnosis? **X-ray** Was there an autopsy? **No**

15. MAIDEN NAME **Frances unknown**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19...

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT **Dr. H. H. Kent**

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury Nature of injury

PLACE **St. Peter's Park** DATE **June 23, 1934**

19. UNDERTAKER **Paul Callatara**

24. Was disease or injury in any way related to occupation of deceased? **No**

(ADDRESS) **5142 Waverford Ave**

If so, specify **A. Hewitt & Co.**

20. FILED **JUN 22 1934** **J. Bredek** Registrar

(Signed) **A. Hewitt & Co.** M. D.

(Address) **City St. Louis**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

