

**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**  
 Township ..... Primary Registration District No. **1003**  
 City *St. Louis* (No. *City Hospital #1*) St. .... Ward .....

File No. **22681**  
 Registered No. **6528**  
 St. .... Ward .....

**2. FULL NAME**

(a) Residence, No. *4006 Gratiot* St., *18* 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 <i>M</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Clara Carmi</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 1 1900</i>		
7. AGE <i>33</i>	YEARS	MONTHS <i>6</i>
		DAYS <i>29</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Bar tender</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Own Saloon</i>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>		
13. NAME <i>Michael Carmi</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>		
15. MAIDEN NAME <i>Rose Fiala</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>		
17. INFORMANT <i>Clara Carmi</i> (ADDRESS) <i>4006 Gratiot St.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Italy Calvary Co.</i> DATE <i>July 3 1934</i>		
19. UNDERTAKER <i>Nieschauer Mortuaries</i> (ADDRESS) <i>4104 Manchester Av.</i>		
20. FILED <i>J. Brebeck</i> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 30 1934*

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at *5-A.m.*

The principal cause of death and related causes of importance were as follows:  
*General Peritonitis following gunshot wound of abdomen*

Other contributory causes of importance:  
*173 Homicide*

Name of operation ..... Date of .....  
 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? *Homicide* Date of injury *6/26 1934*  
 Where did injury occur? *St. Louis Mo.*  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
*In industry*

Manner of injury *Shot by parties unknown*  
 Nature of injury *Gunshot wound of abdomen*

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....  
 (Signed) *J. Brebeck*  
 (Address) *St. Louis Mo.*

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 CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 15 1934

