

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.

DEC 13 1934

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

Do not use this space.

41018

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 5401 Arsenal)

File No.....

Registered No. 10967

St. Ward)

2. FULL NAME Peter Bonugli

(a) Residence, No. 5401 Arsenal St., 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 54

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Modeler

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

13. NAME Giovanni Bonugli

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

15. MAIDEN NAME Anna Unknown

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

17. INFORMANT Emilia Bonugli (ADDRESS) 5401 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Nov. 17 1934

19. UNDERTAKER Paul Calcatera (ADDRESS) 5142 Daggett

20. FILED 11 16 1934 J. F. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934, to Nov 15, 1934

I last saw him alive on Nov 16, 1934. Death is said

to have occurred on the date stated above, at 10⁰⁰ m.

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

Coronary Thrombosis

Date of onset

11/16/34

11/17/34

Other contributory causes of importance:

Name of operation no Date of.....

What test confirmed diagnosis? clinical symptoms 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) P. Scherman, M. D.

(Address) DR. L. W. SCHERMAN,

2919 S. KINGSHIGHWAY BLVD.

ST. LOUIS, MO.

