

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.

66 arm JUN 13 1935

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

Do not use this space.

18010

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City St. Louis (No.)Desloge Hospital.....File No.
Registered No. **4330**
St. Ward)

2. FULL NAME

Mr. Baptista Bracco(a) Residence, No. St. N R Ward. Bened, Ills
(Usual place of abode)

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

Single

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

Abt 51

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Coal Miner

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).....Dec 1934

11. Total time (years) spent in this occupation.....

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

Italy

FATHER

13. NAME

Bastista Bracco

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

Italy

MOTHER

15. MAIDEN NAME

Mary Cene

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

Italy

17. INFORMANT (ADDRESS)

Mike BraccoBened Ills

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bened IllsDATE May 14, 35

19. UNDERTAKER (ADDRESS)

J. H. Hoppe Inc
429 N. Center St. St. Louis, Mo.20. FILED MAY 14 1935J. Braddock
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 193522. I HEREBY CERTIFY, That I attended deceased from May 11, 1935, to May 11, 1935I last saw him alive on 5-11, 1935. Death is said to have occurred on the date stated above, at 11:55 a.m.

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

Congestive Heart FailureChc Myocarditis
Chc EndocarditisOther contributory causes of importance: 92

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... no 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. J. Dancy M. D.(Address) Desloge Hospital
St. Louis, Mo

10

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