

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.

AUG 9 1935

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

Do not use this space.

24650

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City..... **St Louis mo.** (No. **en route City Hosp. #1**)

File No.....  
Registered No. **6046**  
St. .... Ward)

2. FULL NAME -- **Tomaso Milano**

(a) Residence, No. **5112 Pattison** 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

SEX <b>male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Stella Trimunta</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>unknown</b>		
7. AGE YEARS <b>About 65</b>	MONTHS	DAYS
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. <b>Laborer</b>		
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) <b>Italy</b>		
13. NAME <b>Ambrose Milano</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Italy</b>		
15. MAIDEN NAME <b>Maria Milano</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Italy</b>		
17. INFORMANT <b>Mrs Barbato</b> (ADDRESS) <b>5112 Pattison</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Galvary Ave</b> DATE <b>July 16 1935</b>		
19. UNDERTAKER <b>Paul &amp; Calabrese</b> (ADDRESS) <b>5142 Bagdad Ave</b>		
20. FILED <b>7-15-35</b> 19 <b>J. W. Bredeck</b> Registrar.		

MEDICAL CERTIFICATE OF DEATH

**No physician in attendance**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 13 1935**

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..... **4:00 P.**  
The principal cause of death and related causes of importance were as follows:  
**Mitral Stenosis** Date of onset  
**Cardiac Hypertrophy**  
**92 a**  
Other contributory causes of importance:  
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?..... 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. W. Bredeck**, M. D.  
(Address) **715/35**

