SEP 2 5 1935

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

Do not use this space.

28304

1. PLACE OF DEATH
County St. Louis
Township
City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

Registration District No. 123
Primary Registration District No. 6248 B

File No.
Registered No. 291

2. FULL NAME DONA, Florian
(a) Residence, No. 4312 Olive Street St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? Un yrs. kno mos. wn 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: Maria Dona

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 9, 1884

7. AGE: Years 50 | Months 11 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unavailable
10. Date deceased last worked at this occupation (month and year): Unavail.
11. Total time (years) spent in this occupation: Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trento, Italy

FATHER
13. NAME: Vigilia Dona
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Italy

MOTHER
15. MAIDEN NAME: Angelia Parternoster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Italy

17. INFORMANT: W. C. Gibson, M.D.
(ADDRESS) Vet. Adm. Facility, Jeff. Barks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Aug 21, 1935

19. UNDERTAKER: C. Hoffmeister Undtk.
(ADDRESS) 7814 So. Broadway

20. FILED Aug 20, 1935 G. Mowrey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934, to August 15, 1935. I last saw him alive on August 15, 1935. Death is said to have occurred on the date stated above at 7:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Unkn.
Other contributory causes of importance: Bronchial Pneumonia and Nephritis, chr.	Unkn.

Name of operation: None Date of
What test confirmed diagnosis? Physical exam., clinical manifestations and lab. findings, autopsy findings Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Place 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 W. C. Gibson, M.D. Chief Med. Officer, M.D.
(Address) Vet. Adm. Facility, Jeff. Barks. 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.