

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

Do not use this space.

33753

NOV 27 1935

1. PLACE OF DEATH *St. Charles.*  
 County *St. Charles.* Registration District No. *760*  
 Township *Leisure.* Primary Registration District No. *4455*  
 City *Wentzville.* (No. ....) St. .... Ward (....)

2. FULL NAME *Conrad Antonio Diello*  
 (a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *15* yrs. mos. ds. How long in U.S., if of foreign birth? *62* 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 *Saloma*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 29 1859*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<i>75</i>	<i>11</i>	<i>10</i>		

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work *Retired farmer*  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct. 11 1935*

17. I HEREBY CERTIFY, That I attended deceased from *Oct 10*, 1932 to *Oct 11*, 1935 that I last saw him alive on *Oct 10*, 1935, and that death occurred, on the date stated above, at *7 A.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Aortic Sclerosis*  
*High blood pressure*  
*Resulting in Cerebral Hemorrhage*  
 (duration) *3* yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *High blood pressure*  
 (duration) *-* yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED *Place of death*  
 IF NOT AT PLACE OF DEATH .....  
 DID AN OPERATION PRECEDE DEATH? *No* DATE OF .....  
 WAS THERE AN AUTOPSY? *No*  
 WHAT TEST CONFIRMED DIAGNOSIS *Physician examination*  
 (Signed) *E. R. Jones* M. D.  
 , 19 (Address) *Wentzville Mo*

9. BIRTHPLACE (CITY OR TOWN) *Don't know*  
 (STATE OR COUNTRY) *Germany*

10. NAME OF FATHER *Philip Diello*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Don't know*  
 (STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *Don't know*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Don't know*  
 (STATE OR COUNTRY) *Don't know*

14. INFORMANT *John Diello*  
 (Address) *Wentzville*

15. FILED *10/16 35* *W. C. Caldwell* REGISTRAR

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Wentzville Mo* DATE OF BURIAL *10-14 1935*

20. UNDERTAKER *J. E. Peluan* ADDRESS *Wentzville, Mo. 670.*

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.

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