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.

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

Do not use this space.

MAR 25 1936

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 8702

Township Jefferson Barracks — Primary Registration District No. 6248 B — Registered No. 81

City ..... (No. Veterans Administration Facility St. ..... Ward)

2. FULL NAME Albino POZZA

(a) Residence, No. 5256 Shaw Ave., 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. kn mos own 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~~ Mrs. Reggina Pozza

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern Keeper
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) Feb. 20, 1936
11. Total time (years) spent in this occupation 3 yrs.

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

FATHER

13. NAME John Pozza
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME Mary ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT M. Schilling Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter & Paul DATE 2-26 1936

19. UNDERTAKER Paul Calcaterra
(ADDRESS) 5140 Daggett Ave.

20. FILED 2-24 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 22, 1936, to February 23, 1936

I last saw him alive on February 23, 1936. Death is said to have occurred on the date stated above, at 1:30a.m.

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

	Date of onset
Pneumonia, lobar, right upper lobe	Unkn.

108

Other contributory causes of importance:

Cirrhosis of liver; Myocarditis	Unkn.
chronic; Arteriosclerosis, general	Unkn.

Name of operation None Date of -

What test confirmed diagnosis? X-ray, laboratory and autopsy and clinical findings 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 [signature]

(Signed) C. W. HUGHES, M.D., Chief Med. Officer M.D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

E H G.

9441 Edgar Ave
St Louis, Co, Mo