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.

APR 25 1936

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

Do not use this space.

12351

File No.
Registered No. 107

1. PLACE OF DEATH
County St. Louis
Township Clayton and
City Clayton (No. St. Louis County Hospital St. Ward)

Registration District No. 790
Primary Registration District No. 60338

2. FULL NAME John A. Colonna
(a) Residence, No. 105 Radian St., Ward.
(Usual place of abode) (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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23-1918

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 18 | 1 | 23 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER
13. NAME John Colonna
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER
15. MAIDEN NAME Caroline Hoerner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Caroline Morgan
(ADDRESS) 105 Radian Kenosha Park

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker Cem. DATE 3-21-1936

19. UNDERTAKER Bannon Bros Inc
(ADDRESS) Overland, Mo.

20. FILED 3/19 1936 Dr a Degonzelli
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1936

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 8 P m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of both legs, fracture of skull, complete across base, contusion of both lungs. Fracture complete of liver, masceration of spleen; right kidney bruised and

Other contributory causes of importance:
contused and full of hemorrhage, left kidney rudimentary form, and out of position.

OVER

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) Luke T. Turner 3/19/36, M. D.
(Address) 3718 Jennings Rd.
Coroner St. Louis Co. Mo.

Secondary; Shock and Hemorrhage from being mortally wounded.

Accident: Pedestrian and Auto; On Natural bridge and Edmundson Rd. taken to County Hospital where he was pronounced dead.

Verdictof Jury: As the result of being struck by an automobile being driven by one Louis Stockho, the verdict of this jury being an unavoidable accident.