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.

MAR 10 1936

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

Do not use this space.

12565

File No. 791

Registered No. 2596

1. PLACE OF DEATH

County: St. Louis City

Township

City: St. Louis City (No. City Hospital St. Ward)

Registration District No. 1003

Primary Registration District No. 1003

2. FULL NAME #18927 Wm. Lamanuzzi

(a) Residence, No. 711 Wa Lee St. Ward. 25
(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: M

4. COLOR OR RACE: W

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 28 - 1883

7. AGE: Years 53 | Months 1 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: W.P.A.

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): Boston Mass

FATHER

13. NAME: John L. Lamanuzzi

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boston Mass

MOTHER

15. MAIDEN NAME: Elizabeth Daugherty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lynn Mass

17. INFORMANT (ADDRESS): Mrs. Lucy Lamanuzzi City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Undetermined DATE: ? 19

19. UNDERTAKER (ADDRESS): Teet Bros. 3022 Lafayette

20. FILED MAR - 9 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/7/36 19

22. I HEREBY CERTIFY, That I attended deceased from 3/2 19 36 to 3/7/36 19

I last saw him alive on 3/7 19 36. Death is said to have occurred on the date stated above, at 12 a.m.

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

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: 108

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

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) H. J. Fosler, M. D.

(Address) City Hospital