

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

Do not use this space.

JUL 14 1936

791

24744

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. **1003**
City St. Louis, Mo. (No. DePaul Hospital, St. Ward)

File No.
Registered No. **6367**

2. FULL NAME DOMINICK ELYETT

(a) Residence, No. 3894 DELMAR St. 19 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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>UNKNOWN</u>		
7. AGE YEARS	MONTHS	DAYS
<u>About 54</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>LABORER</u>		11. Total time (years) spent in this occupation.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>common</u>		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw him alive on, 19...... Death is said to have occurred on the date stated above, at 3:10 P.M.

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

Fractures of Skull.
Edema of Brain. 1936
Other contributory causes of importance:
Manner and cause of same could not be ascertained.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Open Vein Cut Date of injury..... 19.....
Where did injury occur? Unk.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Unk.

Manner of injury..... Unknown
Nature of injury..... Fractures of Skull

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) J. Bredeck, M.D.
(Address) St. Louis, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ITALY</u>
	13. NAME <u>UNKNOWN</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ITALY</u>
	15. MAIDEN NAME <u>UNKNOWN</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ITALY</u>
	17. INFORMANT <u>GEORGE PAVONNI</u> (ADDRESS) <u>3894 DELMAR</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CHRISTOPHER, ILL.</u> DATE <u>JUNE 23, 1936</u>
	19. UNDERTAKER <u>ALBERT H. HOPPE INC.</u> (ADDRESS) <u>429 N. GUYARD AVE</u>
20. <u>JUN 23 1936</u> Registrar. <u>J. Bredeck</u>	

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.

