V. S. No. 2
20M-2-19-38
I X7294

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BIND

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.

JAN 8 1937

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 49435
Township — Primary Registration District No. 1001 — Registered No. 1496
City St. Joseph (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Edward Eugene Lodato
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) Dec. 6, 1936

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	0	0	0 hrs. or 0 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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. Joseph Missouri

FATHER
13. NAME Steno Lodato
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

MOTHER
15. MAIDEN NAME Mary Bennett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

17. INFORMANT (ADDRESS) St. Joseph's Hospital Records St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Dec. 7, 1936

19. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hill Ave.

20. FILED DEC 6 1936 H J Nesselrouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6, 1936

22. I HEREBY CERTIFY, That I attended deceased from at birth, 19 Dec 6, 1936
I last saw him on " " 19 Death is said to have occurred on the date stated above, at 4:12 P m.
The principal cause of death and related causes of importance were as follows:

Intrauterine asphyxia

Date of onset

Other contributory causes of importance:

Name of operation Forceps Date of
What test confirmed diagnosis? Was there an autopsy? no

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? no
If so, specify
(Signed) Winston T. Stacy, M. D.
(Address) Hubpatrick Bldg