

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.

1. PLACE OF DEATH
 County
 Township
 City St. Louis (No. 5516 Alaska)
 Registration District No. 791
 Primary Registration District No. 1003
 File No. 3458
 Registered No. 067490 St. 15 Ward

2. FULL NAME Matthew Buffa
 (a) Residence, No. 5516 Alaska St. 15 Ward. (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

MEDICAL CERTIFICATE OF DEATH

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) Sept. 9, 1913

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>23</u>	<u>4</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. men's furnishing

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

MOTHER FATHER

13. NAME Vito Buffa

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16

15. MAIDEN NAME Jennie Lombardo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16

17. INFORMANT Vito Buffa (ADDRESS) 5516 Alaska

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 1-14 1937

19. UNDERTAKER Southern Lind Co. (ADDRESS) 6322 S Grand

20. FILE NO. 13 1937 J. F. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-8-37, 1937 to 1-10-37, 1937.
 I last saw h. alive on 1-10-1927. Death is said to have occurred on the date stated above, at 9:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Hemorrhage
Tuberculosis
Right Lobar Pneumonia
 Date of onset 1-11-37
 Other contributory causes of importance: 12-20-36

Name of operation 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) V. K. Nuttall M. D.
 (Address) 3411 S. Grand Blvd.

Dr. Rumb
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B-117
11-1-19