

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **FEB 8 1937**
Township..... Primary Registration District No.....
City **ST. LOUIS (MISSOURI)** (No. **500 So. Kingshighway 7**)..... St. Ward)

File No. **4310**
Registered No. **1374**

2. FULL NAME Anthony Macchiano

(a) Residence, No. 1709 O'Fallon St. 25 Ward. 1
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **Wht** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **American**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 29, 1937**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **child**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 14, 1937**, 1937 to **Jan. 29**, 1937

I last saw him alive on **Jan. 29**, 1937. Death is said to have occurred on the date stated above, at **7:57AM**.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **9-23-1935**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 6

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

Pneumonia - Lobar

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **child**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **child**
10. Date deceased last worked at this occupation (month and year) **xxxx** 11. Total time (years) spent in this occupation **xx**

Other contributory causes of importance:

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

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

13. NAME **Matteo**

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

15. MAIDEN NAME **Lena Accetta**

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

17. INFORMANT **T. S. Westhoff**
(ADDRESS) **500 So. Kingshighway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEMET.** DATE **FEB. 1ST 1937**

19. UNDERTAKER **Raagnale Migeli**
(ADDRESS) **1133 No. Kingshighway Bldg.**

20. FILED **J. Bredeck**
19 **30** Registrar.

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify **Ralph W. Barlow** M. D.
(Signed) **500 So. Kingshighway**
(Address)

JAN 30 1937

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.

WHITE PRINT WITH RED INK—THIS IS A PERMANENT RECORD

17-7044

