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.

FEB 8 1937

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis Mo (No. At Home 2 St. ..... Ward)

File No. 4322
Registered No. 1386

2. FULL NAME Domnick DeFillippo
(a) Residence, No. 2115 Cooper St St., 13 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa LoGuidice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 10, 1890

7. AGE: YEARS 46 | MONTHS 4 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Worker 54
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory
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) Italy 16

FATHER
13. NAME Giovani DeFillippo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16

MOTHER
15. MAIDEN NAME Beneditto Catanuso
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16

17. INFORMANT (ADDRESS) Mrs Rosa DeFillippo 2115 Cooper St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sts Peter & Paul DATE Feb 1, 1936

19. UNDERTAKER (ADDRESS) Paul O Calcaterra 5142 Daggett ave

20. FILED JAN 31 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936, to January 29, 1937
I last saw him alive on January 29, 1937 Death is said to have occurred on the date stated above, at 2 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumoconiosis	
Bronchiectasis	
Cardiac Insufficiency	1/26/37

Other contributory causes of importance:

106 b

Name of operation ..... Date of .....
What test confirmed diagnosis? X Ray 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? not present occupation
If so, specify .....
(Signed) Vincent J. LoPiccolo, M. D.
(Address) 626 Metropolitan Bldg