

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.

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

Do not use this space.

MAR 5-1937

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis (No. 4869 Palm St. 791 1003 2)

File No. 8849
Registered No. 2339
St. Ward)

2. FULL NAME..... Benedetto Nespolo.

(a) Residence, No. 4869 Palm St. St. 6 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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carlotta Nespolo.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 10, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 0 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartender.
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.

13. NAME Dont Know.

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

15. MAIDEN NAME Dont know.

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

17. INFORMANT Etta Delaney. (ADDRESS) 4869 Palm St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Mar. 1, 1937.

19. UNDERTAKER Arthur J. Donnelly Undt. Co. (ADDRESS) 3840 Lindell Blvd

20. FEB 26 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1936, to Feb 28, 1937. I last saw him alive on Feb 23, 1937. Death is said to have occurred on the date stated above, at 7:25 m.

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

Cancer of the throat 2 1/2 years ago
Myocarditis chronic
Atherosclerosis

Other contributory causes of importance:

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

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) Joseph D. Cieri, M. D. (Address) 1462 N. Taylor

