

APR 9 1937

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. **791**
Township Primary Registration District No. **1003**
City **St Louis, Mo** (No. **City Hospital #1**) St. Ward **10311**
Registered No. **2830**

2. FULL NAME **Angelo Bignani**

(a) Residence, No. **5623 Magnolia St** St. **13** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 60

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Brick yard's**
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 **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Louis Bignani, 5623 No. Magnolia St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Peter Paul** DATE **Mar 16, 1937**

19. UNDERTAKER (ADDRESS) **Paul C. Calabrese, 5142 Duggan Ave**

20. FILED **MAR 15 1937** Registrar **J. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/13/1937**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19.....; Death is said to have occurred on the date stated above, at **10:15 A.M.**
The principal cause of death and related causes of importance were as follows:

Haemorrhage due to Ruptured Bladder and lacerated spleen and fractured ribs suffered from fall from ladder on March 12, 1937 at about 4:30 P.M. in the 5500 block of Duggan Ave

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **3/13/1937**
Where did injury occur? **St. Louis**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **5500 Block Duggan Ave**
Manner of injury
Nature of injury **See Above**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **Alfred J. Gray, M.D.**
(Address) **1141 Paul Corner**

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.

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