APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 333 — File No. 13288
Township Ferguson Town — Primary Registration District No. 4468 — Registered No. 52
City — (No. R. R. 2 Patterson Rd Florissant St. — Ward)

2. FULL NAME Domnick Romano.
(a) Residence, No. Florissant, Missouri St. R. R. 2 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: Mary Romano

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 5. 1873

7. AGE: YEARS 63 — MONTHS 6 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: Laborer
10. Date deceased last worked at this occupation (month and year): 1927
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

FATHER
13. NAME: Michael Romano
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER
15. MAIDEN NAME: Frances LaVarica
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Arthur Romano, Florissant, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery Mch 10 1937

19. UNDERTAKER (ADDRESS): Kenneth Niehaus, 1138 Ud 6th St

20. FILED March 9th 1937 W. A. Zeitler Registrar
Per C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-5-37, to 3-7-37
I last saw him alive on 3-7-37 6:30P Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	3-5-37
Cerebral Haemorrhage	
Hemorrhage on rt (left)	
paralysis on rt (right)	

Other contributory causes of importance:
Chr. Nephritis
Arteriosclerosis

Name of operation: none — Date of
What test confirmed diagnosis? Clinical — 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) Roy Johnson M. D.
(Address) Ferguson Mo.

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.

NOV 29 1948

DEC 1 1948