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. 789 — File No. 13439
Township NORMANDY — Primary Registration District No. 6633 — Registered No. 60
City PINELAWN (No. 2403 KIENLEN St. ..... Ward)

2. FULL NAME LUIGI MAZZEI
(a) Residence, No. 2403 KIENLEN St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) WIDOWED

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF SABINA MAZZEI

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 – 1860

7. AGE — YEARS 77 — MONTHS 1 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Unknown Italy

FATHER
13. NAME JOHN MAZZEI
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy

MOTHER
15. MAIDEN NAME MARY Pratesi
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy

17. INFORMANT (ADDRESS) Raymond Mazzei 2403 Kienlen ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Feb 17 1937

19. UNDERTAKER (ADDRESS) L. B. Tanner 6107 Natural Bridge Rd

20. FILED 2-15 1937 H. A. Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1937, to Feb 13th 1937
I last saw him alive on Feb 13 1937. Death is said to have occurred on the date stated above, at 11:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe	Feb 8
Other contributory causes of importance: Lobar Pneumonia	Feb 12

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Seth P. Smith, M. D.
(Address) 4500 Clarence

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.