

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 12 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 **Missouri Baptist Hosp.** (No.) St. Ward) **18117**
File No. **4693**
Registered No.

2. FULL NAME **Florindo (Frank) Doredo**

(a) Residence, No. **5949 Wabada**, 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) **widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Doredo (Jannuzzo)**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 11, 1863.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **73 8 24**
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired street inspector.**
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) **1926** 11. Total time (years) spent in this occupation **life**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy.**
13. NAME **unknown**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**
15. MAIDEN NAME **unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT **Carmie Farina**
(ADDRESS) **4037 Palm**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **May 8 1937**

19. UNDERTAKER **Bennie Nichols**
(ADDRESS) **1139 N. 10th Street**

20. FILED **MAY 7 1937** **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 5, 1937**
22. I HEREBY CERTIFY, That I attended deceased from **Feb 15, 1937, to May 5, 1937**
I last saw him alive on **May 5, 1937.** Death is said to have occurred on the date stated above, at **10:00 a.m.**
The principal cause of death and related causes of importance were as follows:

Terminal broncho-pneumonia. Date of onset **May 3, 1937.**
qtb

Other contributory causes of importance:
1. Vascular psychosis.
2. Coronary sclerosis.
3. Multiple abscesses of kidney.
Name of operation **cause unknown** 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? 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) **J. B. Barger**, M. D.
(Address) **1020 Broadway**

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Banger.