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.

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 File No. 18361

Township ..... Primary Registration District No. 1003 Registered No. 4937

City ..... (No. 4017 Kennerly Ave. St. ..... Ward)

2. FULL NAME Calogera Mantia.

(a) Residence, No. 4017 Kennerly Ave. St., 11 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Agostino Mantia. (nee Pusater)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 28. 1873

7. AGE: Years 63 | Months 5 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Fruit
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dealer
10. Date deceased last worked at this occupation (month and year): Dec. 1937
11. Total time (years) spent in this occupation: Life

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

FATHER

13. NAME: Carmello Mantia
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER

15. MAIDEN NAME: Migela Spicuzza.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Frank Mantia 4017 Kennerly Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: May 17 37

19. UNDERTAKER (ADDRESS): Bensiek-Niehaus 1138 No. 6th St.

20. FILED: MAY 15 1937 19 J. F. Bredack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1936, to May 14, 1937
I last saw him alive on May 11, 1937. Death is said to have occurred on the date stated above, at 12 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis (inactive)	yrs. ago
Mitral Stenosis & Regurgitation	" "
Myocardial Insufficiency	1 yr. ago
Embolism	[illegible]

Other contributory causes of importance:

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: No
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) John Hammond, M. D.
(Address) 634 N. Grand Blvd.