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

Do not use this space.

JUL 8 - 1937

791

22115

1003

5867

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 22115

Township ..... Primary Registration District No. 1003 ..... Registered No. 5867

City St. Louis, Mo. (No. Bethesda Hosp. St. / Ward)

2. FULL NAME Robert August Clarence Bertagnolli

(a) Residence, No. ..... St., ... Ward. Steelville, Mo
(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): Boby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1937

7. AGE: YEARS ..... MONTHS 4 ..... DAYS 15 ..... If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

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) Steelville (STATE OR COUNTRY) Missouri

FATHER

13. NAME Simon Bertagnolli

14. BIRTHPLACE (CITY OR TOWN) Glen Carbon, Ill. (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Mabel Pelton

16. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Simon Bertagnolli (ADDRESS) Steelville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Steelville, Mo. DATE June 16, 1937

19. UNDERTAKER Albert H. Hoppe (ADDRESS) 429 N. Eighth

20. FILED JUN 15 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-7-37, 19..., to 6-14-, 1937

I last saw him alive on 6-14-37, 19..... Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Pneumonia (bronchial)

Name of operation none 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?

If so, specify

(Signed) W. H. Riley, M. D.

(Address) 4660 Maryland.

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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