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JUL 31 1937

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

Do not use this space.

24833

12. PLACE OF DEATH
County St. Louis Registration District No. 788
Township Jefferson Primary Registration District No. 4471
City Webster Groves (No. Big Bend Rd. & Gore Ave.) St. _____ (Ward)

2. FULL NAME Anthony William Lombardo
(a) Residence, No. 3436 Tennessee Ave. St. _____ Ward. _____
(Usual place of abode) St. Louis, Mo. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-15-1910.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brass Co.
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) St. Louis Missouri

13. NAME William Lombardo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

15. MAIDEN NAME Ida Albrecht

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

17. INFORMANT Ida Lombardo
(ADDRESS) 3436 Tennessee Ave.

18. BURIAL, CREMATION, OR REPOUSE St. L.
PLACE Calvary Cem DATE June-16-1937

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2531 S. Broadway

20. FILED 6-14-37 Julius R. Zor
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1 A.M.

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

Automobile accident while driving his own automobile on a public highway and leaving the roadway as a curve.
Other contributory causes of importance: multiple fractures

Date of onset 6/13/37
6/13/37

Name of operation none Date of _____
What test confirmed diagnosis Physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 6/13, 1937
Where did injury occur? W. Webster Groves, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury auto leaving highway
Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) John D. Connell M. D.
(Address) L. L. L. L., St. Louis, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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