

RECD APR 20 1939

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

12176
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois 3 Registration District No. 773
(b) Township St. Francois 1 Primary Registration District No. 6018A Registered No. 46
(c) City Near Farmington (d) Street No. State Hospital No. 4 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANGELO B. MAX COLONNA
(a) Residence, No. St. Louis, Mo., 7316 Lyndover St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Hattie Colonna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Postal clerk
10. Date deceased last worked at this occupation (month and year) U.S. mails 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri 0

FATHER 13. NAME Jacob Colonna 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leghorn Italy 7

MOTHER 15. MAIDEN NAME Fanny Boldner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Budapest Hungary

17. INFORMANT (ADDRESS) H.I. Berger
4715 McPherson, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Heb. DATE March 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Berger
4715 McPherson, St. Louis, Mo.

20. FILED Mar 17, 1939 W. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1939, to 3-16, 1939
I last saw him alive on 3-15, 1939. Death is said to have occurred on the date stated above, at 8:00 a.m.
The principal cause of death and related causes of importance were as follows:
Hypertensive heart disease (auricular fibrillation) Date of onset 7 years
AS 6

Other contributory causes of importance:
Generalized arteriosclerosis with 7+y
psychoais. Bilateral hernia 7+y
(Inguinal)

Name of operation None Date of as
What test confirmed diagnosis clin & lab 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 home, or in public place. Home

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) St. J. Berger _____, M. D.
(Address) St. Farmington, Mo.

K. 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Lawrence J. Davis, Registered Apprentice No.
working under my personal supervision.

Signed *Lawrence J. Davis*

Licensed Embalmer No. *3988*

P. O. Address *A. J. Davis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his-OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.