

JUN 24 1939

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

23181
Do not use this space.

1. PLACE OF DEATH
 (a) County ST. LOUIS Registration District No. 784
 (b) Township CLAYTON Primary Registration District No. 101 Registered No. 1116
 (c) City CLAYTON or (d) Street No. ST. LOUIS COUNTY HOSPITAL 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 FILIPPO IENNA
 (a) Residence, No. MITCHEL and HORSET ROAD St. MARYLAND HEIGHTS
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 ROSARIA IENNA

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 4 1878

7. AGE YEARS 61 MONTHS 1 DAYS 9 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3-1-39 11. Total time (years) spent in this occupation. 25 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ITALY

13. NAME BARTALO IENNA

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

15. MAIDEN NAME UNKN. CALOGERA

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ITALY

17. INFORMANT Vincent Italiano (ADDRESS) 5216 Buhoff

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 6-26 39

19. FUNERAL DIRECTOR (NAME) Calcutera (ADDRESS) 5142 Doggett

20. FILED JUN 24 1939 R. Meyers

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1939 19

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 8.15AM

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

Automobile accident.
Struck by an automobile while a pedestrian on a public highway

Date of onset 6/11/39

Other contributory causes of importance: Fracture of the skull 210m 6/11/39

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Date of injury 6/11/39
 Where did injury occur? Maryland Heights, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place
Struck by auto

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) John J. Durrell, M. D.
 Coroner of St. Louis County, Mo.

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.

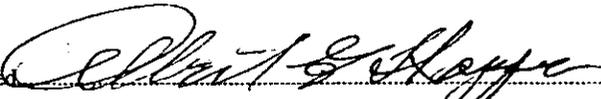
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STATEMENT BY LICENSED EMBALMER

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

....., Registered Apprentice No.....
working under my personal supervision.

Signed 

Licensed Embalmer No. 2971

P. O. Address.....

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.