No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16681

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 4199

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St.ANTHONY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks. (Specify whether years, months or days)
In this community 30 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St.Louis. 1517
(If outside city or town limits, write "RURAL")

(d) Street No. 4647 Tenessee Ave. 5
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 years.

3. (a) PRINT FULL NAME DOMINICO COLONNA

3. (b) If veteran, name war

3. (c) Social Security No. 493-05-5361

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Mary Colonna

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 10 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	1	7	hr. min.

9. Birthplace ITALY (City, town, or county) (State or foreign country)

10. Usual occupation JANITOR

11. Industry or business Pierce Bldg.

MOTHER FATHER

12. Name Joseph Colonna

13. Birthplace Italy (City, town, or county) (State or foreign country)

14. Maiden name Thesa Jordon

15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant Mary Colonna

(b) Address 4647 Tennessee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20/41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thos Letts & Son

(b) Address 2906 Gravois Ave.

19. (a) MAY 19 1941 (Date received for record) J. T. Bedack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1941 hour 8 10 A.M. minute M.

21. I hereby certify that I attended the deceased from May 1, 1941, 19 to May 17 1941; that I last saw him alive on May 17 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Peritonitis	5-8-41
Due to Herniotomy	5-2-41
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Hernia of ileum, ligated	
Of autopsy none	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Nat Edmunds (M. D. or other) Phys.

Address 3318 Grand Date signed 5-18-41

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Thos Lutes

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois.

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

If this body is not embalmed, fact should be so stated above.