

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

53133

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. **3745**
 City **St. Louis** (No. **2250**, Washington Ave St. Ward)

2. FULL NAME **John Conseneri Frai** **Benedetto Conzoneri**
 (a) Residence No. **2314 Washington Ave** St. Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male. **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 Husband of Marie Frai, 189

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20, 1888.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 41 6 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Bar tender
 (b) General nature of industry, business, or establishment in which employed (or employer) Soft Drink Parlor
 (c) Name of employer For Self

9. BIRTHPLACE (CITY OR TOWN) Itly.
10. STATE OR COUNTRY

11. NAME OF FATHER John Paul Conzoneri

12. BIRTHPLACE OF FATHER (CITY OR TOWN) Itly.
13. STATE OR COUNTRY

12. MAIDEN NAME OF MOTHER Maria Giuseppe Tinaglia

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Itly.
14. STATE OR COUNTRY

14. INFORMANT John Conseneri
15. (Address) 2314 Washington Ave.

15. FILED OCT 25 1922
 REGISTERED **Max B. Starkeoff**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 23 1922

17. I HEREBY CERTIFY, That I attended deceased from.....
 19....., to....., 19....., and that
 (that I last saw h..... alive on....., 19....., and that
 death occurred, on the date stated above, at..... 10 0 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
 Gunshot Wounds, to
 Brain & Lungs
 Homeise (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY).....
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **J. H. T. Fitch** M.D.

1925 (Address) **Deport Coronado**

*State the DISEASE CAUSING DEATH, or deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery.
DATE OF BURIAL Oct. 26, 1922.

20. UNDERTAKER M. Laughlin
ADDRESS 2007 Park Ave

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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PARENTS

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.: *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 8745

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. _____

On this _____ day of _____, 195____, before me appears _____

_____, who, upon _____ oath, states that the original record of birth death
for **John C. Canzoneri** died **10-23-1922**, 19____, in the State of

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. **2** should read **Benedetto Canzoneri**

Instead of **John C. Frai**

Item No. **6** should read **4-16-1881**

Instead of **-----**

Item No. **7** should read **41 years 6 mo 7 days**

Instead of **42 --5--28**

Item No. **13 10** should read **John C. Canzoneri**

Instead of **John C. Frai**

Item No. **15** should read **Maria Giuseppa Tinaglia**

Instead of **Unknwn**

Item No. **14** should read **John C. Canzoneri**

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant **McLaughlin Funeral Home** **Fun. Dir**
2301 Lafayette Relationship.

Present Address.

Subscribed and sworn to before me this **28** day of **Feb**, 195**5**

My Commission expires **3-4-57** **ella C. Dalbrook** Notary Public.

By Original birth certificate City Hall Odesseandria
deine, Rocco, Italy. Birth date 4-16-1881

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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30139

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