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.

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

Do not use this space.

10739

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City..... (No. 1024 North 10 St. ..... Ward)

File No. .....

Registered No. 2551

2. FULL NAME Augustino Dattilo

(a) Residence. No. 1024 North 10 St., 25 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. 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Augustina Dattilo

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 4-1854

7. AGE: Years 74 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Fruit Dealer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: Himself

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

PARENTS

10. NAME OF FATHER: Marino Dattilo

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Italy

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Italy

14. INFORMANT (Address): Augustina Dattilo 1024 North 10

15. FILED 7 -7 1928, 19..... Max C. Starkloff, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 4 1928

17. I HEREBY CERTIFY, That I attended deceased from February 21st, 1928, to March 4, 1928, that I last saw him alive on March 4, 1928, and that death occurred, on the date stated above, at 10:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular heart disease: Mitral and aortic insufficiency

92 A

94 A (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Angina pectoris (duration) ? yrs. mos. ds.

900

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

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) P. J. Conroy, M. D

, 19 (Address) 3803 Lafayette Cut St. Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary

DATE OF BURIAL: March 7 1928

20. UNDERTAKER: Bensick - Mehaus

ADDRESS: 1138 N 6