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

Do not use this space.

35153

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. ..... St. ..... Ward)

File No. ..... Registered No. 10135

2. FULL NAME Ernest DeDionigi

(a) Residence. No. 5338 Northrup St., 13 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Mosgistioni

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
about	59			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 23A 95B

(b) General nature of industry, business, or establishment in which employed (or employer) 112

(c) Name of employer

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

PARENTS

10. NAME OF FATHER E DeDionigi

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

12. MAIDEN NAME OF MOTHER Regena Minini.

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

14. INFORMANT Mrs Rose DeDionigi (Address) 5338 Northrup

15. FILED OCT 15 1928 19 Mavl Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/14 1928

17. I HEREBY CERTIFY, That I attended deceased from 10/12, 1928, to 10/14, 1928, that I last saw him alive on 10/12, 1928, and that death occurred, on the date stated above, at 11 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic pulmonary tuberculosis

Cardio-nephritis

(duration) 8 yrs. (History) mos. ds.

CONTRIBUTORY (SECONDARY) Asthma

(duration) yrs. mos. 1 ds.

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) L. Millikin, M. D

10/15, 1928 (Address) 4928 Shaw

*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	DATE OF BURIAL
St Peter - Paul	Oct 17 1928
20. UNDERTAKER	ADDRESS
Paul C. Calcaterra	1921 Cooper St

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.

WRITE PLAINLY, WITH UNFADING INK