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

Do not use this space.

4068

File No. 1363

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 5126 Shaw St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Vincent Sardo

(a) Residence. No. 5126 Shaw 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 Francis Sardo

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
~~31~~ 35	11	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Common Lab
(b) General nature of industry, business, or establishment in which employed (or employer) Zelm
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Vincent Sardo

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

12. MAIDEN NAME OF MOTHER Rosalia Tagliarino

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

14. INFORMANT Paul Calcaterra
(Address) 1921 Edgar

15. FILED, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 1931

17. No Physician in Attendance
I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock + Burns (2d + 3d degree) received in burning bldg. Died residence, on Jan 30, 1931
180 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Accident
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John H. Wolfe, M. D.
Feb 3, 1931 (Address) Deputy Coroner

*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 Cem.	Feb 3 1931
20. UNDERTAKER	**ADDRESS**
Paul Calcaterra	5174 Waggett 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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THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 40671
Local Registrar's No. 1363

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 17 day of April, 1951, before me appears Paul C. Calcaterra, who, upon his oath, states that the original record of birth/death for Vincent Sardo died 1-30-1931, 19....., in the State of Missouri, and which was filed at St Louis on ....., 19....., should be corrected as follows:

Item No. 6 should read Feb. 12-1895
Instead of Feb. 12-1899

Item No. 7 should read Age ~~33~~ 35
Instead of Age 31

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
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)

X Affiant Paul C Calcaterra Fun Dir.
Relationship.

5142 Daggett
Present Address.

Subscribed and sworn to before me this 17 day of April, 1951

My Commission expires 3-4-53 Ella Paddock Notary Public.

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

Form V. S. 135
50M—8-43
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S-4068