

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.

NOV 10 1933

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

Do not use this space.

34701

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **133**
 City **St Louis** (No. **1902 A Mc Bausland**)..... St. Ward)

File No.
 Registered No. **8863**.....

2. FULL NAME

(a) Residence, No. **1902 A Mc Bausland St.** **4** Ward. (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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as aptener, sawyer, bookkeeper, etc. **Retired**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Ballroom mfg.**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

FATHER 13. NAME **Simone Cecchi**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

MOTHER 15. MAIDEN NAME **Mary Bernera**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

17. INFORMANT **Katie Arada**
 (ADDRESS) **1902 A Mc Bausland**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **St. Marys** DATE **Oct 15** 19**33**

19. UNDERTAKER **Arthur J. Donnelly & Co.**
 (ADDRESS) **3840 Lindbergh**

20. FILED **10 1933** 19 **J. H. Brebeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 11th 1933**

22. I HEREBY CERTIFY, That I attended deceased from **October 2nd 1933** to **October 11th 1933**

I last saw him alive on **October 11th 1933** Death is said to have occurred on the date stated above, at **9:45** m.

The principal cause of death and related causes of importance were as follows:

93C
Chronic myocarditis 10/1/33
97
 Other contributory causes of importance: **Arterio Sclerosis** 1931

Name of operation **none** Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **none** Date of injury....., 19.....
 Where did injury occur? **none**

(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify.....
 (Signed) **J. J. McLaughlin** M. D.
 (Address) **302-303 Franklin St.**

