

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

Do not use this space.

OCT 11 1934

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** City Hospital #1

File No. **34617**  
Registered No. **9425**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **Andrew Bonafetti** St. **St. Louis Mo.**  
(Usual place of abode) **Group State** (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married (separated)</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>unknown</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>unk</b>		
7. AGE <b>abt. 55</b>	YEARS	MONTHS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>tile setter</b>		11. Total time (years) spent in this occupation <b>23</b>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Italy</b>		
13. NAME <b>UK</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME <b>UK</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <b>John J. Sweeney</b> (Address) <b>Dep. Cor.</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary Cemetery</b> <b>Sept 27, 1934</b>		
19. UNDERTAKER <b>Sullivan Riley</b> (Address) <b>5007 Waterman Ave.</b>		
20. FILED <b>EP 26</b> 1934 <b>J. B. Redhead</b> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 25, 1934**

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **10:50** a.m.

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

**Haemorrhage of brain due to fracture of skull sustained when struck by street car in St. Louis, Mo. Deceased was a pedestrian. No auto involved.**

**Accident 709**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **Accident** Date of injury **Aug 26, 1934**  
Where did injury occur? **St. Louis, Mo.**  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. **Public Place**  
Manner of injury **Struck by street car**  
Nature of injury **Fractured skull**

24. Was disease or injury in any way related to occupation of deceased? **Yes**  
If so, specify **tile setter**

(Signed) **J. J. Sweeney**  
(Address) **St. Louis, Mo.**

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.

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