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.

OCT 8 1935

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

Do not use this space.

31485

File No. 1

Registered No. 338

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Carondolet — Primary Registration District No. 6248 B

City Koch Mo. (No. Koch Hospital St. Ward)

2. FULL NAME John Miramonti

(a) Residence, No. 208a S. Garrison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. D. Miramonti

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-21-1879

7. AGE: YEARS 56 — MONTHS 2 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clay Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mining
10. Date deceased last worked at this occupation (month and year): 1921-1928
11. Total time (years) spent in this occupation: 8

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

FATHER

13. NAME: Frank Miramonti
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER

15. MAIDEN NAME: Isabelle Bernardi
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Koch Hosp. Records Koch Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Reflo Park DATE Sept 26 1935

19. UNDERTAKER (ADDRESS): Paul C. Calcaterra 5146 Daggett

20. FILED Sept. 24 1935 G. Mowry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-24-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1935 to 9-24-1935

I last saw him alive on 9-24-1935. Death is said to have occurred on the date stated above, at 5:59 a.m.

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

	Date of onset
Pulmonary Tuberculosis	1932

Other contributory causes of importance:

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

What test confirmed diagnosis? Sputum & X-Ray Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (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? .....

If so, specify .....

(Signed) D. H. Trumpe, M. D.

(Address) Koch, Mo.