

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.

REC'D OCT 12 1938

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

30703  
Do not use this space.

1003

1. PLACE OF DEATH

(a) County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
(c) City St. Louis (d) Street No. St. John Hospital Registered No. 8140  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. (If foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME

Thomas Colombo  
(a) Residence, No. 5238 Northrup St. 13 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Crispi  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29 1886  
7. AGE YEARS 52 MONTHS 5 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. laborer  
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 Louigi Colombo

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

MOTHER 15. MAIDEN NAME Louigia Calcaterra

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

17. INFORMANT (NAME) (ADDRESS) Mrs. Louise Colombo  
5238 Northrup

18. BURIAL, CREMATION, OR REMOVE St. Peter's Park DATE Sept 15 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul C. Calcaterra  
SEP 27 1938  
W. D. Daggert Ave

20. FILED 1 J. P. Bubler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 1938  
22. I HEREBY CERTIFY, That I attended deceased from Mar. 22 1938, to Sept. 13 1938  
I last saw him alive on Sept 12 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:

acute Pneumonitis 9-8-38  
Myocardial failure 9-11-38  
Other contributory causes of importance:  
Chronic Hypertrophic arthritic of spine 3-22-38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Kry-Lab Was there an autopsy? no

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) Charles Montani M. D.  
(Address) 1926A Cooper St.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Saul C. Calvatero*

Licensed Embalmer No. 2396

P. O. Address 5142 Daguerre

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**