

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.

60 am JUN 13 1935

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

Do not use this space.

18010

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Desloge Hospital**) St. _____ Ward _____

File No.
Registered No. **4330**
St. _____ Ward _____

2. FULL NAME

Mr. Baptista Bracco
(a) Residence, No. St. **N. R.** Ward. **Bened, Ills.**
(Usual place of abode)
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 **Single**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Abt 51

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Coal Miner**

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) **Dec 1934** 11. Total time (years) spent in this occupation

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

13. NAME **Baptista Bracco**

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

15. MAIDEN NAME **Mary Cens**

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

17. INFORMANT **Mike Bracco**
(ADDRESS) **Bened Ills**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Bened Ills** DATE **May 14, 1935**

19. UNDERTAKER (ADDRESS) **J. H. Hoppel & Sons, 429 N. Desloge St., St. Louis, Mo.**

20. FILED **MAY 14 1935**
J. H. Hoppel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 11, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **May 11, 1935, to May 11, 1935**

I last saw him alive on **5-11, 1935** Death is said

to have occurred on the date stated above, at **1:55 p.m.**

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

Congestive Heart Failure Date of onset

Chronic Myocarditis

Chronic Endocarditis

Other contributory causes of importance: **92**

Name of operation _____ 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? **no** 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) **J. H. Hoppel** M. D.

(Address) **Desloge Hospital**

St. Louis, Mo

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of