

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

PLACE OF DEATH

County _____

Township _____

or _____

Village _____

or _____

City St Louis (No. 601 Lucas ave St. 5 Ward)

Registration District No. _____

Primary Registration District No. _____

File No. 14207

Registered No. 3733

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME John Barcaro

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH April - 12 - 1914
(Month) (Day) (Year)

DATE OF BIRTH July 5 - 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 6, 1914, to April 12, 1914, that I last saw her alive on April 11, 1914, and that death occurred, on the date stated above, at 6:4 m.

AGE 9 yrs. 7 mos. 7 ds. If LESS than 1 day, ____ hrs. or ____ min.?

The CAUSE OF DEATH* was as follows:
Pneumonia

OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____

107A (Duration) 9 yrs. 6 mos. 6 ds.

BIRTHPLACE (City or town, State or foreign country) Ill.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

NAME OF FATHER Ignazio Barcaro

(Signed) W. H. Carruths M. D. April 15, 1914 (Address) 1601 S. Grand

BIRTHPLACE OF FATHER (City or town, State or foreign country) Italy

MAIDEN NAME OF MOTHER Vita Marino

*State the Disease Causing Death; or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Italy

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death? _____

(Informant) Tony Lombardo
(ADDRESS) 719 Carr St

Former or usual residence _____

Filed APR 13 1914 Max Starkloff REGISTRAR

PLACE OF BURIAL OR REMOVAL Calvary DATE OF BURIAL April 13, 1914

UNDERTAKER John C. Benisch, Son ADDRESS 1136 N. 6 St

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.

