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

Do not use this space.

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1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township St Louis Mo. Primary Registration District No. 1003 Registered No. 997

City St Louis Mo. (No. Mudanphy Hospital St. ..... Ward)

2. FULL NAME Salvatore Bianco

(a) Residence. No. 3510 St Louis Mo. St., 11 Ward. .....
(Usual place of abode) (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: 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11 - 6 1922

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
4	2	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nilue 18
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

PARENTS

10. NAME OF FATHER Antonio Bianco
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Josephine Gagliard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

14. INFORMANT Antonio Bianco
(Address) 3510 St. Louis Mo

15. FILED AUG 28 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5-45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Burns due to clothing becoming ignited while playing at Firmane Fire No building involved
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Accident
(duration) yrs. mos. ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H W Fatt M.D.
1/27, 1927 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery
DATE OF BURIAL: Jan 28 1927

20. UNDERTAKER: Benrick - Niehaus M M
ADDRESS: 1138 N 6th 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.