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

Do not use this space.

31444

1. PLACE OF DEATH
County St Louis — Registration District No. 790 6033 — File No. 780
Township — Primary Registration District No. — Registered No.
City Richmond Ht (No. St. Mary's Hospital St. Ward)

2. FULL NAME Joe Finocchiaro
(a) Residence. No. 810 O'Fallon St., 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~~): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josie Finocchiaro.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12 1884

7. AGE: Years 43 | Months 7 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: Mariano Finocchiaro
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Italy
12. MAIDEN NAME OF MOTHER: Marie Toscaro
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Italy

14. INFORMANT (Address): Josie Finocchiaro 810 O'Fallon

15. FILED 10/18 1927 J. B. Luddick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct. 10th, 1927, to Oct. 16th, 1927 that I last saw him alive on Oct. 16th, 1927, and that death occurred, on the date stated above, at 1:50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
108
106
101
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Cold
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED: Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. A. Pollack, M. D
Oct 18, 1927 (Address) 5794 Kingsbury Place

*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 — DATE OF BURIAL: Oct 19 1927

20. UNDERTAKER: Dennick Niehaus — ADDRESS: 1138 N 6

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.

579 [illegible]

1431 Union Bl.