

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

Do not use this space.

6463

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
Name..... Christian Hospital

File No.....  
Registered No. 1373  
St. .... Ward)

**2. FULL NAME**

Louis Carnaghi

(a) Residence. No. 2907 No. Taylor St. 10 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) Sept 1 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>13</u>	<u>5</u>	<u>3</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work school boy  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

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

10. NAME OF FATHER Cesare Carnaghi

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Adelaide Gualdoni

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cesare Italy  
(STATE OR COUNTRY)

14. INFORMANT Cesare Carnaghi Taylor  
(Address) 2907 No Taylor

15. FILED 6 REGISTRAR Wm. Starloff

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/4 1928  
17. I HEREBY CERTIFY That I attended deceased from 7/3 1928 to 2/4 1928 that I last saw him alive on 2/4 1928, and that death occurred, on the date stated above, at 930 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Ac. appendicitis 121h  
galgrenous 179  
(duration) yrs. mos. ds. 4  
CONTRIBUTORY (SECONDARY) General diffuse peritonitis  
(duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED 117th  
IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/3/28  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation  
(Signed) L. C. Milliken, M. D.  
2/6, 1929 (Address) 4928 Shaw

\*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 St. Peter & Paul DATE OF BURIAL Feb 7 1928

20. UNDERTAKER Paul C. Calcaterra ADDRESS 1921 Cooper

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.

MISSOURI STATE BOARD OF HEALTH IS A PERMANENT RECORD

