

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

Do not use this space.

6944

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. **1908**
City *St. Louis* (No. *Lutheran Hospital*)..... St. Ward)

2. FULL NAME

John Margoni
(a) Residence. (No. *5330 N. Kingshighway 7*) Ward. (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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>married</i>
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5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF *Virginia Margoni*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug. 4 1879*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>48</i>	<i>6</i>	<i>16</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Granite Cutter*
(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) *Tyrol Austria*

10. NAME OF FATHER *Baptista Margoni*

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

12. MAIDEN NAME OF MOTHER *Faustina Biasi*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Austria*

14. INFORMANT *Virginia Margoni*
(Address) *5330 N. Kingshighway*

15. FILED *EB 21 1928* *maile Starkeoff*
REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 20 1928*

17. I HEREBY CERTIFY That I *certified* deceased from *July 7*, 19*24* to *July 20*, 19*28* that I last saw *him* alive on *July 20*, 19*28*, and that death occurred, on the date stated above, at *10 a.* m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia
108-101-1
8715 (duration) yrs. mos. ds. *7*

CONTRIBUTORY (SECONDARY) *Intractable Pneecough*
(duration) yrs. mos. ds. *11*

18. WHERE WAS DISEASE CONTRACTED *5330 N Kingshighway*
IF NOT AT PLACE OF DEATH: *no*
DID AN OPERATION PRECEDE DEATH:..... DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Physical signs*
(Signed) *J. T. Margoni*, M. D.

July 20 1928 (Address) *5175 Grand*

*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 Cem.* DATE OF BURIAL *2-23-28*

20. UNDERTAKER *Witt Bros & Co 2929 S. Jefferson Av.* ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

10-11-1947

