

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

Do not use this space.

7242

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... St. Louis (No.....) (Ward.....)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 2223

**2. FULL NAME** Francis Antonette Gatte

(a) Residence. No. 4716 Ashland Ave. St. 10 Ward.....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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) March 15th. 27

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
II I2

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

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

10. NAME OF FATHER Pasquale Gatte

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

12. MAIDEN NAME OF MOTHER Asaunta Scanga

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

14. INFORMANT Pasquale Gatte (Address) 4716 Ashland Ave

15. FILED LE 28 1923 Max L. Starkoff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1927 to Feb 27 1928 (that I last saw him alive on Feb 27 1928, and that death occurred, on the date stated above, at 6 a m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Inanition complicated with Pneumonia Broncho Primary  
16 7/8 (duration) yrs. 2 1/2 mos. da.

CONTRIBUTORY (SECONDARY) Pneumonia  
15 8 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 4201 Chestnut  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) H. F. Dumm M. D.  
, 19 (Address) 5667 Delmar

\*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 Feb. 29 1928

20. UNDERTAKER Paul L. Calcaterra ADDRESS 1921 Cooper St

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. Dec 1901

Library 8720

5669 11/10/01.

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