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

Do not use this space.

15271 15004

File No. ..... Registered No. 4199

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 700

City St Louis (No. Bethesda Hospital St. ..... Ward)

2. FULL NAME Francis Gallini

(a) Residence. No. 606 Bayless Av St., 18 Ward. St. Louis Co. Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 1928

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	12	

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) .....
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Frank Gallini

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

12. MAIDEN NAME OF MOTHER Cathrine Frachia

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

14. INFORMANT Frank Gallini
(Address) 606 Bayless Av

15. FILED FEB 17 1929 Alex C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1928 to Apr 16 1928 that I last saw h... alive on Apr 16 1928 and that death occurred, on the date stated above, at 2:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

[illegible]

157D

157 (duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY) Pyelonephritis Chronic

Congenital (duration) ..... yrs. ..... mos. 21 ds.

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) Ernest J. Lerthin M. D

, 19 (Address) 211 Lyndell Bldg

*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 Peters & Paul. Cem — DATE OF BURIAL April 17 1928

20. UNDERTAKER Findlay-Hand Co. — ADDRESS 7819 Michigan

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.

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