

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

Do not use this space.

22474

1. PLACE OF DEATH

County..... Registration District No. **7911**
 Township..... Primary Registration District No. **1009**
 City **St. Louis** (No. **3550 St. Vincent Ave.**) St. Ward)

File No.
 Registered No. **6670**

2. FULL NAME **John G. Ghiglione**

(a) Residence No. **3222 N. Dakota** St. **15** Ward. (If nonresident give city or town and State)
 (Usual place of abode)

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 or (OR) WIFE of **Mary Ghiglione**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March, 2nd, 1864.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 **3** **21**

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

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

10. NAME OF FATHER **John Ghiglione**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT **Mrs. M. Ghiglione**
 (Address) **3222 N. Dakota St.**

15. FILED **JUN 26 1922** **Ray C. Stankov** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June, 23rd, 1922**

17. I HEREBY CERTIFY, That I attended deceased from **June 22**, 19**22**, to **June 23**, 19**22**, that I last saw him alive on **June 23**, 19**22**, and that death occurred, on the date stated above, at **8.15 P.M.**

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute myocarditis
SSB (duration) yrs. mos. ds. **1**

CONTRIBUTORY (SECONDARY) **none** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? **None**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**
 WHAT TEST CONFIRMED DIAGNOSIS? **Examination**
4/5 (Signed) **Alvin S. Gump**, M. D.
 , 19**22** (Address) **2014th Street**

*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 **June-27-1922**

20. UNDERTAKER **Wacker & Helderle** ADDRESS **2331 S. Broadway**

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.

