

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

Do not use this space.

43404

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 100B
City..... (No. 5516 EASTON AVE St. Ward)

File No.
Registered No. 12716
St. Ward)

2. FULL NAME Sam Gatanzaro

(a) Residence. No. St. 6 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JULY-1-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 25

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) ITALY

PARENTS
10. NAME OF FATHER Philip Gatanzaro
11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) ITALY
12. MAIDEN NAME OF MOTHER Mariano Gorso
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Italy

14. INFORMANT Joe Gatanzaro
(Address) 5514 Easton Ave

15. FILED..... 19 May E. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26- 19 28

17. I HEREBY CERTIFY, That I attended deceased from fall, 1927 to Dec 25, 1928 that I last saw h. alive on Dec 25, 1928, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis

CONTRIBUTORY (SECONDARY)

several years (duration) yrs. mos. ds.
NO (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH? no DATE OF -
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Dr. W. L. ... M. D.
12-26-1928 (Address) St. Louis, Mo

*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 GALVARY DATE OF BURIAL Dec. 29 1928

20. UNDERTAKER BENSIEK-NIEHAUS ADDRESS 1138 N 6

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 FAIRLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

