

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

Do not use this space.

4016

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City, St. Louis Mo. (No. 3418 So. Boupton)

File No. ....  
 Registered No. **628**  
 St. .... Ward) .....

**2. FULL NAME**

Lillian Gialusi  
 (a) Residence. No. 3418 So. Boupton St., 16 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 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) Oct. 8 - 1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>2</u>	<u>3</u>	<u>4</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

10. NAME OF FATHER Martin Gialusi

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

12. MAIDEN NAME OF MOTHER Mary Roschel

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

14. INFORMANT Martin Gialusi  
 (Address) 3418 So. Boupton Ave.

15. FILED 11 11 1929  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 - 1929

17. I HEREBY CERTIFY, That I attended deceased Jan 10 to Jan 12 1929 that I last saw him alive on Jan 12 1929 and that death occurred, on the date stated above, at 1:45 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diphtheria Laryngeal  
ID  
93A

CONTRIBUTORY (SECONDARY) acute Myocarditis & Laryngeal Stenosis  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 16  
 IF NOT AT PLACE OF DEATH 3418 So. Boupton  
 DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS Thyroidal finding  
 (Signed) Dr. J. Smith M. D.  
1/12 1929 (Address) 4930 Ludlow St.

\*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 S. S. Peter + Paul Cem  
 DATE OF BURIAL 1-14-1929

20. UNDERTAKER Ziegenbein Bros. 2123 S. Chesapeake  
 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.

1  
3  
3

66  
67

6

6

6

6

6

6