96

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

Do not use this space.

31847

1. PLACE OF DEATH

County St. Louis — Registration District No. 123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 329

City Koch (No. R. Koch Hosp. St. Ward)

2. FULL NAME Gibilterra, James

(a) Residence. No. 4777 St. Louis St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 18 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28, 1907

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
21	10	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ~~Carmelix~~ New York
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Carmelia Gibilterra

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

12. MAIDEN NAME OF MOTHER Leonore Acardia

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

14. INFORMANT R Koch Hospital Records
(Address) Koch, Mo

15. FILED Sept 14 1929 L. C. Obrod, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14, 1929

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1927, 19, to Sept. 14, 1929, 19 that I last saw him alive on Sept. 14 1929, 19, and that death occurred, on the date stated above, at 1:45 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

About 31 (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gastro Intestinal Tbc

About (duration) 1 yrs. 1/2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray Sputum

(Signed) R. E. Stone, M. D.

9/14/29 (Address) Koch Hospital

*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	DATE OF BURIAL
Calvary	9-16 1929
20. UNDERTAKER	ADDRESS
Bensieh-Niehaus	1138 N 60th

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.

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