

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

Do not use this space.

32331

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.....)

Registration District No. 791
Primary Registration District No. 1002

File No. 9424
Registered No.
St. Ward)

2. FULL NAME. FRANK RANCILIO

(a) Residence. No. 5032 Pattison Ave., St., 13 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/19 1929

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

17. I HEREBY CERTIFY, That I attended deceased from 9/15 1929, to 9/19 1929, that I last saw him alive on 9/19 1929, and that death occurred, on the date stated above, at 3 30 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1st. 1905

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 I 18

108 Lobar pneumonia
(duration) yrs. mos. 4 ds.

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) Barber
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) 101W
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Cuggono
(STATE OR COUNTRY) Italy

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Carlo Rancilio

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

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

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER Louisa Calcaterra

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) L. Millikin M. D.

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

9/20, 1929 (Address) 4928 Shaw

*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.

14. INFORMANT John Rancilio
(Address) 5032 Pattison

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter - Paul DATE OF BURIAL Sept 23 1929

15. FILED SEP 21 1929 REGISTRAR

20. UNDERTAKER Paul C Calcaterra ADDRESS 1921 Cooper St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation in very important.

15-29-29

