

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

Do not use this space

~~3194~~

~~2728~~

3299

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City _____ No. 1507 Hogan St. _____ Ward _____

File No. _____
Registered No. 795
St. _____ Ward _____

2. FULL NAME

Lucretia Giglio
(a) Residence No. 1532 Hogan St. 26 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosario Giglio</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 11, 1865</u>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>66</u>	<u>60</u>	<u>2</u>	<u>10</u>	

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). Columbia Cane Co
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Italy
10. NAME OF FATHER Salvatore Giglio

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

12. MAIDEN NAME OF MOTHER Concetta Paganica

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

14. INFORMANT Rosario Giglio
(Address) 1532 Hogan

15. FILED Nov 21 1930 Wm C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1929 to Jan 21, 1930
that I last saw him alive on Jan 21, 1930, and that death occurred, on the date stated above, at 10 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchial asthma non Tubercular

CONTRIBUTORY (SECONDARY)

112
105

18. WHERE WAS DISEASE CONTRACTED Home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. J. Vignoli, M. D.
1930 (Address) 1803 Cross 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 Calvary DATE OF BURIAL Jan 25 1930

20. UNDERTAKER Bensusen Neuhard ADDRESS 1138 N 16

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.

59
18

For [unclear]