

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

Do not use this space.

18191

File No. 5359  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 701  
Township \_\_\_\_\_ Primary Registration District No. 100  
City \_\_\_\_\_ (No. 1433 26 14)

**2. FULL NAME**

Mariano Palagzolo  
(a) Residence. No. 1433 26 14 St. 25 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. ~~Single~~ MARRIED, WIDOWED OR DIVORCED Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Burdette Palagzolo  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. abt 70 - -

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31, 1930  
17. I HEREBY CERTIFY, That I attended deceased from May 25<sup>th</sup>, 1930, to May 30<sup>th</sup>, 1930 that I last saw him alive on May 30<sup>th</sup>, 1930 and that death occurred, on the date stated above, at 5 A. m.

8. OCCUPATION OF DECEASED Labaren  
(a) Trade, profession, or particular kind of work. Labaren  
(b) General nature of industry, business, or establishment in which employed (or employer) American Car & Foundry  
(c) Name of employer

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Labar pneumonia  
108  
106A  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.  
CONTRIBUTORY Cold (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

9. BIRTHPLACE (CITY OR TOWN) Italy (STATE OR COUNTRY)  
10. NAME OF FATHER Girolamo Palagzolo  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy (STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Paloyerk Mangella  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy (STATE OR COUNTRY)

WHERE WAS DISEASE CONTRACTED? 106A  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Physical examinat  
(Signed) M. A. Collack, M. D.

14. INFIRMITY Burdette Palagzolo  
(Address) 1433 N. 14  
15. FILED JUN 2 1930 Max G. Park REGISTRAR

(Address) 516 Metropolitan  
\*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 June 3 1930  
20. UNDERTAKER Bensark Nehaus ADDRESS 1138 116

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.

STATE OF MISSOURI, DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

SECRET