

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

Do not use this space.

15964

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **4323-De Soto**)

File No.....  
Registered No. **4436**  
St. .... Ward)

**2. FULL NAME**

**Frank Gomolo**  
(a) Residence No. **4323-20 E Soto Ave** St. **9** Ward (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 10 - 1862**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**68 11 1**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Day Laborer**  
(b) General nature of industry, business, or establishment in which employed (or employer) **237**  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)

10. NAME OF FATHER **Frank Gomolo**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Germany**  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER **Unknown**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY)

14. INFORMANT **Frances Gomolo**  
(Address) **4323 - De Soto**

15. FILED **12 1931** REGISTRAR **E. Stuckey**

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 11<sup>th</sup>, 1931**  
17. I HEREBY CERTIFY, That I attended deceased from **April 2<sup>nd</sup>** 1931, to **April 11<sup>th</sup>**, 1931, that I last saw him alive on **April 10**, 1931, and that death occurred, on the date stated above, at **2 A.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
**Chronic Interstitial Nephritis**  
**131**  
**921A**  
(duration) yrs. mos. **9** ds.  
CONTRIBUTORY **Chronic Endocarditis**  
(SECONDARY) (duration) yrs. mos. **9** ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....  
WAS THERE AN AUTOPSY? **No**  
WHAT TEST CONFIRMED DIAGNOSIS? **(Kidney Exam)**  
(Signed) **W. H. T. G. et al.** M. D.  
**4/11, 1931** (Address) **4244 W. Florissant**

\*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 **St Peter Paul** DATE OF BURIAL **April 13 1931**  
20. UNDERTAKER **Wacker Helderle** ADDRESS **2331 - S. Blue**

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.

