

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

Do not use this space.

23189

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 517 Antelope) St. Ward

File No.
Registered No. 6651
St. Ward

2. FULL NAME

Giorgio Faraci
(a) Residence. No. 517 Antelope St. 8 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 (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1931

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

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to June 14, 1931 that I last saw him alive on June 14, 1931, and that death occurred, on the date stated above, at 6 A. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown
7. AGE - YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 72

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial nephritis

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) Retired
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED 121 (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) not known (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 16

18. WHERE WAS DISEASE CONTRACTED 131 IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF

PARENTS
10. NAME OF FATHER Angelo Faraci
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Isis (unknown)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) H. F. Welch M. D.
6/14, 1931 (Address) 8410 Mo. Parkway

14. INFORMANT Dominick Faraci
(Address) 517 Antelope

*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.

15. FILED JUN 17 1931 Wm. O. Starnes REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Parway DATE OF BURIAL June 17, 1931
20. UNDERTAKER Bruno Fleckner ADDRESS 1138 N. 6th St.

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.

Dr. H. A. Miller
5410 No. Berkeley.
9-11 A. M.