WHITE 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.

NOV 23

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

Do not use this space.

33687

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1083

City St. Joseph (No. Missouri Methodist Hospital. St. Ward)

2. FULL NAME Louis Deciglio

(a) Residence, No. Saxton Hotel. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown About 1895

7. AGE — YEARS: 46 — MONTHS: Unknown — DAYS: Unk — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banana Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hund and Egger Co.

10. Date deceased last worked at this occupation (month and year) Oct 21 1931

11. Total time (years) spent in this occupation 1 Year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Italy.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Unknown.

17. INFORMANT (ADDRESS) Jos Pussateri. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet Cemetery DATE Oct 24, 1931

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Street.

20. FILED OCT 23 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 21, 1931

22. I HEREBY CERTIFY, That I attended deceased from Viewed of ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6:P. m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency — Date of onset

92a

Other contributory causes of importance: none

92A

Name of operation ... Date of ...

What test confirmed diagnosis? History Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. W. Tadlock Coroner, M. D.

(Address) 821 Francis