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.

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

Do not use this space.

30399

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8050

City St. Louis, (No. Home for the Aged. (3400 S Grand) St. ..... Ward)

2. FULL NAME Charles J. Signaigo.

(a) Residence, No. 3400 So. Grand Blvd. St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1856.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	6	27.	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo. 1

FATHER

13. NAME James M. Signaigo.

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

MOTHER

15. MAIDEN NAME Margaret Burke.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York. 2

17. INFORMANT (ADDRESS) Mrs May Conlon 2923 So. Kingshighway Bd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Sept. 6, 1932.

19. UNDERTAKER (ADDRESS) J. H. Gebken L & U Co 2842 Meramec St.

20. FILED SEP - 5 1932, 19.. Max C. Stanley Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1932, to Sept 4, 1932

I last saw him alive on Sept 4, 1932. Death is said to have occurred on the date stated above, at 12:30 P. m.

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

	Date of onset
Acute Myocarditis	8/1/32
131	
93A	

Other contributory causes of importance:

Chronic Interstitial Nephritis	8/1/32

8 Name of operation 131 (1) Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Elias W. Sarcia, M. D.

(Address) 3165 So Grand