

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

Do not use this space.

33940

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. Barnes, Hospital) St. _____ Ward _____
Registered No. 9272

2. FULL NAME Pasquale (Patsy) Albano

(a) Residence, No. 22 Pine St., 12 Ward, Crystal City, Mo.
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albano</u> <u>Silvie</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 13th 1871</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>2</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sabarer 49</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Glass works</u>	
	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) <u>Italy 16</u>		
FATHER	13. NAME <u>Louise Albano</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31</u>	
17. INFORMANT <u>Patsy Albano</u> (ADDRESS) <u>Festus Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Festus Mo</u> DATE <u>10-21 1932</u>		
19. UNDERTAKER <u>Deuster + Vinyard</u> (ADDRESS) <u>Festus Mo</u>		
20. FILED <u>OCT 19 1932</u> <u>Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-10 1932 to 10-18 1932
I last saw h. l. m. alive on 10-18 1932. Death is said to have occurred on the date stated above, at 1:50 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Kidney, Met. Date of onset ?

Other contributory causes of importance: (1)

Name of operation Nephrectomy - Date of 10-18-32
What test confirmed diagnosis? _____ Was there an autopsy? No

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 _____

23. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) Robert W. Bantist, M. D.
(Address) Barnes Hospital

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.

