

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.

34066

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo. St. Louis, Ch. Hosp.

File No.....
Registered No. 9419
St..... Ward.....

2. FULL NAME

Gloria ANN Biancardi
(a) Residence, No. Basen Sta. St. Mo. 12 Ward. Route # 15
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wht. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17 '32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
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) Basen Sta. Mo. 1
Route # 15

FATHER 13. NAME Joseph Biancardi

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy 1/2

MOTHER 15. MAIDEN NAME Myrtle Sapp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

17. INFORMANT J. J. Blum
(ADDRESS) 700 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Trident's DATE Oct 24 1932

19. UNDERTAKER H. J. Reidner and Co
(ADDRESS) 1417 St. Margaret St.

20. FILED CT 24 1932 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22-1932

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1932, to 10/22, 1932
I last saw h. W. alive on 10/22, 1932. Death is said to have occurred on the date stated above, at 3:40 p.m.

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

Strained birth injury
1600
Other contributory causes of importance: 1

Name of operation..... 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) W. E. Keiter M. D.
(Address) 750 So. Kingshighway

