

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.

*J. Tripodi*  
*M. St...*

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

Do not use this space.

41673

**1. PLACE OF DEATH**

County..... Registration District No. *791*  
 Township..... *1003*  
 City..... **St. Louis** (No..... Primary Registration District No.....  
 (No..... St. Ward)

File No.....  
 Registered No. **10739**  
 St. Ward)

**2. FULL NAME** **Agostina Gilardi**

(a) Residence, No. **1433 N. 7th St.** St. **25** Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred **50** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male. **4. COLOR OR RACE** White. **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married.

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** **7/ 28/ 1864.**

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**67**                      **4**                      **4**

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

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** **170**

**10. Date deceased last worked at this occupation (month and year)** **5 yrs** **11. Total time (years) spent in this occupation**

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

**13. NAME** **Unknown**

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

**15. MAIDEN NAME** **Unknown**

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

**17. INFORMANT (ADDRESS)** **Mrs Theresa Gilardi 1433 N. 7th St**

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE **Calvary** DATE **Dec 5 1934**

**19. UNDERTAKER (ADDRESS)** **Benedict - Nicholas 138 N. 7th St**

**20. FILED** **DEC - 5 1934**  
*Max C. Parkley*  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **12 - 2 - 1939**

**22. I HEREBY CERTIFY, That I attended deceased from** **Oct. 15 - 1932, to Dec 2 - 1932**

I last saw him alive on **12/1 - 1932** Death is said to have occurred on the date stated above, at **4:45 A.M**

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

*Chronic Myocarditis*

*131*  
*130/131*

Other contributory causes of importance:

*Nephritis Chronic*

Name of operation *None* Date of.....

What test confirmed diagnosis? *Examination of heart* 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 *None*  
 Nature of injury.....

**24. Was disease or injury in any way related to occupation of deceased?** *no*  
 If so, specify.....

(Signed) *J. M. Tripodi*, M. D.  
 (Address) *744 No. Bldg. St. Louis*

