

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

Do not use this space.

41857

**1. PLACE OF DEATH**

County..... Registration District No. *28*  
Township..... Primary Registration District No. *3600*  
City *St. Louis mo.* (No. *ISOLATION HOSPITAL*) St. .... Ward)

File No. ....  
Registered No. **10945** St. .... Ward)

**2. FULL NAME** *Francis Maniscalco*

(a) Residence, No. *2741 Howard St.* *20* Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred *20* yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Joseph Maniscalco</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct, 24, 1907</i>		
7. AGE YEARS <i>25</i>	MONTHS <i>1</i>	DAYS <i>15</i>
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <i>C. Clerk</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Office 25<sup>3</sup></i>		
10. Date deceased last worked at this occupation (month and year)..... Total time (years) spent in this occupation.....		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>	<i>16</i>
13. NAME <i>Joseph Maniscalco</i>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>	
15. MAIDEN NAME <i>Joseph Russo</i>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Italy</i>	
17. INFORMANT (ADDRESS) <i>John Eschenbrenner ISOLATION HOSPITAL</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cahary</i> DATE <i>Dec 12 1932</i>	
19. UNDERTAKER (ADDRESS) <i>Bensick - Niehaus 11 28 76</i>	
20. FILED <i>DEC 10 1932</i> <i>John Eschenbrenner</i> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 9 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 7 1932* to *Dec 9 1932*  
I last saw him alive on *Dec 9 1932* Death is said to have occurred on the date stated above, at *2:05 pm*.  
The principal cause of death and related causes of importance were as follows:  
*Abrasions of neck 1143 and 152-12-4 1932*  
*Mediastinum due to infection cause unknown*  
Date of onset *10-5-32*

Other contributory causes of importance:  
*1143*

Name of operation *Emergency Tracheotomy* Date of *12-9-32*  
What test confirmed diagnosis *culture* Was there an autopsy? *No*

23. If death was due to external cause (violence), indicate the following: Accident, suicide, or homicide? *No* Date of injury *Filed*  
Where did injury occur? *No* (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) *John Eschenbrenner* M. D.  
(Address) *ISOLATION 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.

