Supplement to 3145

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

Do not use this space.

3152

1. PLACE OF DEATH
96 County St Louis — Registration District No. 1160 — File No.
10 Township Central — Primary Registration District No. 4470 — Registered No. 5
5 City University City (No. 6679, Kingsbury Ave St. Ward)

2. FULL NAME Dr Joseph P Ghio

(a) Residence, No. (Usual place of abode) St., Ward. (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: 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: Rose Ghio

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 12 — 1874

7. AGE: YEARS 58 — MONTHS 9 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME: Arthur J Ghio
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER
15. MAIDEN NAME: Mary Cuneo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Rose Ghio, 6679 Kingsbury Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary — DATE: Jan 12 1933

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Und Co, 2039 Wash Ct

20. FILED: Jan 11 1933 Lena V Moeller, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

Mgo. Carditis, Chr Arterio sclerosis. Acute coronary occlusion. with Chr Hypertension

Date of onset

Other contributory causes of importance:
Surg findings
Through the complication of diseases leading up to heart failure.

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) John B Turnor, M. D.
(Address) 3718 Jennings Rd, St Louis Co Mo 1/11/33

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.

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