

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

Do not use this space.

3788

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. City Hospital)

File No.....
Registered No. 746
St. Ward)

2. FULL NAME

(a) Residence, No. 805 St. Card Ward. 25

(Usual place of abode)
Length of residence in city or town where death occurred 19 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 7 13

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

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) Italy

13. NAME Genoraso Figliolo

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

15. MAIDEN NAME Angelina Gramata

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

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 1/21/33

19. UNDERTAKER (ADDRESS) Pyssick, Nichols

20. FILED JAN 20 1933 Ray C. Starnes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14th 1933, to Jan. 19th 1933
I last saw him alive on Jan. 19th 1933 Death is said to have occurred on the date stated above, at 12:45 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Infective Heart Disease
Chronic Myocarditis
Coronary Arteriosclerosis
Cardiac Decompensation

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there 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..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. M. [Signature], M. D. (Address) City 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.

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English