

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

Do not use this space.

21030

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 C
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Frank J. Gava
(a) Residence, No. 9430 Humboldt Ward _____
(Usual place of abode) (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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Christine</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 2 1853</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>10</u>
		DAYS
		<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Box Maker</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gabrier</u>		
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) <u>Mo</u>		
13. NAME <u>Unburian</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
15. MAIDEN NAME <u>Unburian</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>		
17. INFORMANT <u>Rosa Mann</u> (ADDRESS) <u>49 Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crematorium</u> DATE <u>June 12 1933</u>		
19. UNDERTAKER <u>Fendley & Co</u> (ADDRESS) <u>7819 Michigan</u>		
20. FILED <u>June 12 1933</u> <u>L. C. Obyed</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 8 1933, to June 10 1933, last saw him alive on June 10 1933. Death is said to have occurred on the day stated above, at 12:40 m.

The principal cause of death and related causes of importance were as follows:
acute Bronchitis
1947
167 10 60

Other contributory causes of importance:
infirmities of old age

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) Frank J. Tate, M. D.
(Address) 9439 Edgemoor ave

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.

JUN 13 1933

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