

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis** No. **5483** **Cote Brilliant**

File No. **25009**
Registered No. **6426**
St. Ward)

2. FULL NAME

Franco Lagomarsino
(a) Residence, No. **5883** **Cote Brilliant** St. **6** 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? **45** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M-** 4. COLOR OR RACE **W-** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rosa**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 4 - 1869**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **63 10 18**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Wachman**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Theatre**
10. Date deceased last worked at this occupation (month and year) **June 1922** 11. Total time (years) spent in this occupation. **109**

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

13. NAME **Giovanni Lagomarsino**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Carelli Italy**

15. MAIDEN NAME **Carlotta (not known)**

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

17. INFORMANT **Mario Lagomarsino**
(ADDRESS) **5883 Cote Brilliant**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Cemetery** DATE **July 25 1933**

19. UNDERTAKER **Fred W. Weiber**
(ADDRESS) **1135 N. Broadway**

20. FILED **J. Brebeck**
19 **33** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22 1933**
22. I HEREBY CERTIFY, That I attended deceased from **July 13 1933**, 19...
I last saw him alive on **July 22 1933** Death is said to have occurred on the date stated above, at **1 P.M.**

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

Asphyxy
Chronic Arthritis
& Nephritis
Other contributory causes of importance:

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) **Fred W. Weiber**, M. D.
(Address) **3201 Washington**

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.

VITAL RECORD

1522
11
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1933 26 139

