

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.

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

Do not use this space.

25083

1. PLACE OF DEATH

County ..... Registration District No. 501  
Township ..... Primary Registration District No. 1002  
City St. Louis (No. City Infirmary)

File No. ....  
Registered No. 6501  
St. .... Ward)

2. FULL NAME

Gus Latorno  
(a) Residence, No. 5800 Armand St. 13 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1850  
7. AGE YEARS 83 MONTHS 1 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer Writer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Newspaper  
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) Ohio

13. NAME Charles Latorno

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris France

15. MAIDEN NAME Rebecca Dannel

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

17. INFORMANT (ADDRESS) M. E. Fitzgerald

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE July 27, 1933

19. UNDERTAKER (ADDRESS) J. H. Gibbons & Co

20. FILED JUL 27 1933 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1928 to July 25, 1933  
I last saw him alive on 7/25, 1933 Death is said

to have occurred on the date stated above, at 5 A.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of rt. eyelid Date of onset 1923  
Chronic Myocarditis 1920  
Paralysis Rigida 1916

Other contributory causes of importance:

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) Dr. Messman, M. D.  
(Address) Bolealiam Hosp

