

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

Do not use this space.

41453

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.....)

Registration District No. FD1
Primary Registration District No. 108

File No. 10457
Registered No.
St. Ward)

2. FULL NAME

Roy Galiano

(a) Residence, No. 15620 Botanical St. 13 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 5 2

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

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) St. Louis Mo (STATE OR COUNTRY)

13. NAME Sam Galiano

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

15. MAIDEN NAME Clara Pillman

16. BIRTHPLACE (CITY OR TOWN) St. Louis MO (STATE OR COUNTRY)

17. INFORMANT G. BARRY (ADDRESS) 5600 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Peter Paul DATE 12-6 19 33

19. UNDERTAKER Wiegand & Martini (ADDRESS) 4122 St. Louis Ave

20. FILED 5 11 33 (DATE) J. J. Seideck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1933 to Dec 3 1933

I last saw him alive on Dec 3 1933 Death is said to have occurred on the date stated above, at 9:50 p.m.

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

Bronchopneumonia
Collapse of Lungs

Other contributory causes of importance: OTIA

Hypertensive Myocarditis

Name of operating physician Edmund T. Schuberger

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury

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 of injury in any way related to occupation of deceased? If so, specify (Signed) John Schuberger M. D.

(Address) ISOLATION 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.

JAN 26 1934

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