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.

3 27 1934

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

Do not use this space.

2727

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 361

City St. Louis (No. 5441 Columbia St. ..... Ward)

2. FULL NAME ANTHONY GARAVAGLIA

(a) Residence, No. 5441 Columbia St., 13 Ward. (If nonresident, give city or town and State)
(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.

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: Mary Racilio

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 6th. 1892

7. AGE: YEARS 42 | MONTHS 0 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Common
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer
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

FATHER

13. NAME: Paul Garavaglia
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

MOTHER

15. MAIDEN NAME: Caroline Bossi
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Mary Garavaglia 5441 Columbia

18. BURIAL, CREMATION, OR REMOVAL
PLACE: S.S. Peter & Paul DATE: Jan. 11 34

19. UNDERTAKER (ADDRESS): Paul Calcaterra 6142 Daggett Ave.

20. FILED: JAN 9 1934 19 J. F. Brederk Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1933, to Jan. 8, 1934

I last saw him alive on Jan. 7, 1934. Death is said to have occurred on the date stated above, at 8:30 A.m.

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

	Date of onset
Carcinoma of splenic flexure of Colon	

Other contributory causes of importance:
466
123B

Name of operation: Colo-enterostomy Date of Oct. 19-1933

What test confirmed diagnosis? ..... 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) Charles Montani, M. D.
(Address) 1926 A Cooper St

Dr Montan's