

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.

MAY 25 1934

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. **1003**
City **St. Louis** (No. **2006 Hereford**) St. Ward)

File No. **14435**
Registered No. **3609**

2. FULL NAME

Charles Garagnani

(a) Residence, No. **2006 Hereford St.** St. **13** 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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married** (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 26 1886**

7. AGE YEARS **47** MONTHS **3** DAYS **12** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Soft Drink Dispenser**
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) (STATE OR COUNTRY) **Italy**

FATHER 13. NAME **Vincent Garagnani**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

MOTHER 15. MAIDEN NAME **Rechelle Gerli**

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

17. INFORMANT **Louisa Garagnani** (ADDRESS) **2006 Hereford St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S. S. Peter & Pa ul** DATE **April 11, 1934**

19. UNDERTAKER **Paul Calcaterra** (ADDRESS) **5142 Daggett Ave.**

20. FILED **APR 10 1934** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 7th 1934**

22. I HEREBY CERTIFY, That I attended deceased from **November 27, 1933** to **April 7th 1934**

I last saw him alive on **April 7th 1934**. Death is said to have occurred on the date stated above, at **11:45 p.m.**

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

Chronic Pulmonary Tuberculosis
23A
77

1 Name of operation Date of
What test confirmed diagnosis? **X-ray** 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) **1926th Cooper St.**

