

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

Do not use this space.

1. PLACE OF DEATH

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

Registration District No. *701*
Primary Registration District No. *100B*

File No. *18127*
Registered No. *4577*
St. Ward)

2. FULL NAME

Gaetano Taormina
(a) Residence No. *1801 Carr St.* St. *25* 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? *32* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|--|--|-------------------|--|
| 3. SEX <i>M.</i> | 4. COLOR OR RACE <i>W.</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 8. 1875</i> | | | | |
| 7. AGE | YEARS <i>58</i> | MONTHS <i>4</i> | DAYS <i>22</i> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Carpenter</i> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>✓</i> | | | |
| | 10. Date deceased last worked at this occupation (month and year) <i>May 1934</i> | | | |
| 11. Total time (years) spent in this occupation | | | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Balestrate Italy</i> | | | | |
| MOTHER FATHER | 13. NAME <i>Giovanna Taormina</i> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Balestrate Italy</i> | | | |
| | 15. MAIDEN NAME <i>Francesca Matranga</i> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Balestrate Italy</i> | | | |
| 17. INFORMANT <i>Domenico Randazzo</i> (ADDRESS) <i>7161 Delmar</i> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>May 7</i> 19 <i>34</i> | | | | |
| 19. UNDERTAKER <i>Cardinal - Miceli</i> (ADDRESS) <i>1133 Kings Highway</i> | | | | |
| 20. FILED <i>5</i> 19 <i>34</i> <i>J. B. Sedek</i> Registrar. | | | | |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 11* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *4-23-1934* to *5-4-1934*
I last saw him alive on *5-4-1934* Death is said to have occurred on the date stated above, at *5:20* a.m.
The principal cause of death and related causes of importance were as follows:
Acute Myocarditis Date of onset *5/1/34*
107A
93A *107A*
Other contributory causes of importance:
Bronchopneumonia *4/20/34*

Name of operation *None* Date of.....
What test confirmed diagnosis? *Clinical* as there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *None* Date of injury....., 19.....
Where did injury occur? *None*
(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 *Nicholas S. Vitale* M. D.
(Signed) *Nicholas S. Vitale* M. D.
(Address) *3861 St. Louis Ave.*

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.

JUN 19 1934

