

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

Do not use this space.

34175

1. PLACE OF DEATH

City St. Louis
Township
County

Registration District No. **791**
Primary Registration District No. **1003**
City St. Johns Hospt. (No. _____)

File No. _____
Registered No. 8955
St. _____ Ward _____

2. FULL NAME

Giovanni Rivolta

(a) Residence, No. 4377 Finney Ave. St. 11 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 Female 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 Givanni Rivolta

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	68	10	12	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

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

13. NAME Giuseppe Gamboro

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

15. MAIDEN NAME Chema Caluneceta

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

17. INFORMANT (ADDRESS) Givanni Rivolta 4377 Finney

18. BURIAL, CREMATION, OR REMOVAL PLG.S. peter & Paul DATE Sept. 8th. 1934

19. UNDERTAKER (ADDRESS) aul Calcaterra 5142 Daggett Ave.

20. FILED WCP - 7 1934 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 4th 1934, to Sept 4th 1934
I last saw him alive on Sept 4th 1934. Death is said to have occurred on the date stated above, at 9:10 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (apoplexy) Sept 4 1934

Other contributory causes of importance: Cardio-Vascular-Renal disease with Hypertension.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 11 1934

