DEC 13 1934

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

Do not use this space.

40875

**1. PLACE OF DEATH**

County..... Registration District No. 791

Township..... Primary Registration District No. 003

City St. Louis (No. 4948 Botanical Ave. St. ..... Ward)

File No. .....

Registered No. 10819

**2. FULL NAME** Ceasare Carnaghi

(a) Residence, No. 4948 Botanical St., 17 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 1891

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 43 | 7 | 9 | |

OCCUPATION

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

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 Angelo Ca rnaghi

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

MOTHER

15. MAIDEN NAME Mary Gualdoni

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

17. INFORMANT Jennie Carnaghi
(ADDRESS) 4948 Botanical

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Nov. 14 1934

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

20. FILED NOV 13 1934 19 J. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8 1934, to Nov. 10 1934.
I last saw him alive on Nov. 10 1934 Death is said to have occurred on the date stated above, at 10 p. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of Stomach | April 1934 |
| A & B | |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? X Ray etc. 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) 1926A 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