

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

Do not use this space.

41332

DEC 13 1934

1. PLACE OF DEATH

County..... Registration District No. 207
Township..... Primary Registration District No. 100
City St. Louis (No. 4633, Pershing)

File No. 11318
Registered No. 11318
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 12 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 <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Daisy Lunnaghi</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 1862</u>		
7. AGE YEARS <u>abt. 72</u>	MONTHS <u>8</u>	DAYS <u>8</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>President</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Coal Co.</u>
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation <u>93</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER FATHER 13. NAME Octavio Lunnaghi

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Octavio Lunnaghi
7633 Pershing

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Nov 29 1934

19. UNDERTAKER (ADDRESS) Anthony J. Romello & Co.
3540 Maryland Bt

20. FILED NOV 28 1934 J. T. Predeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1934, to Nov 27 1934

I last saw him alive on Nov 26 1934 Death is said to have occurred on the date stated above, at 4:50 am.

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

Carcinoma prostate primary metastases in pelvic bones femurs Date of onset 10 months

Other contributory causes of importance:
Old myocarditis 9 years
Old pyelitis 1 year

Name of operation Prostatectomy partial Date of... 1934

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? If so, specify _____

(Signed) Walter Fisher, M. D.

(Address) 3720 Washington

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

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.

Dr Walter Franklin

3720 Washington

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