

JAN 13 1936

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

Do not use this space.

41248

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003City St. Louis mo (No. De Paul Hospital)File No. 10462Registered No. 10462

St. Ward)

2. FULL NAME

(a) Residence, No. 5436 Hamilton av. St. N. W. Ward. Jennings Mo.
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., or of foreign birth 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Gianformaggio</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1st 1900</u>		
7. AGE	YEARS	MONTHS
	<u>35</u>	<u>114</u>
		DAYS
		<u>9</u>
	If LESS than 1 day, hrs. or mls.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>House Wife</u>
	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) ItalyMOTHER FATHER 13. NAME Cesare Sottili14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy15. MAIDEN NAME Vincenza Mines16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy17. INFORMANT (ADDRESS) John Gianformaggio 5436 Hamilton av.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Dec 13 193519. UNDERTAKER (ADDRESS) Pasquale Miceli 1112 N. Kingshighway20. FILED DEC 11 1935 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 10 193522. I HEREBY CERTIFY, That I attended deceased from 1931, 19... to 12-10-35, 19...
I last saw h. alive on 12-10-35, 19... Death is said to have occurred on the date stated above, at 1 P. m.

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

Acute Cardiac failure Date of onset 12-8-35Other contributory causes of importance: Chronic heart disease 1931
Arterial sclerosis

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 of injury in any way related to occupation of deceased? No
If so, specify.....(Signed) Chas. Chel Jr., M. D.

(Address).....

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.

MAINTAIN RESERVED FOR BINDING

