

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

Do not use this space.

JAN 13 1936

41498-a

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City, **St. Louis Mo**

(Not Home 3002, No. 9enstead st.)

File No.

Registered No. **10742**

St. Ward)

2. FULL NAME *Francesca Giannanco*

(a) Residence, No. **3002 9enstead st.** St. **10** Ward.

(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., if of foreign birth? **30** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pietra Maria Giannanco		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 1863		
7. AGE	YEARS 72	MONTHS 0
	DAY 16	IF LESS than 1 day, hrs. or min.
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..... Lobery	
	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		
MOTHER FATHER	13. NAME Giuseppe Giannanco	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy	
	15. MAIDEN NAME Lisabetta Mercurio	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy	
17. INFORMANT Joe Giannanco (ADDRESS) 3002 9enstead st		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Dec 20 1935		
19. UNDERTAKER Pasquale Miceli (ADDRESS) 433 N. Kingshighway		
20. FILED DEC 18 1935 19 J. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 17 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 16 1935** to **Dec 16 1935**
I last saw him alive on **Dec 16 1935** Death is said to have occurred on the date stated above, at **2:00 a.m.**
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
Date of onset **Dec 15**

Other contributory causes of importance:
Cold
100
Dec 10

Name of operation **no** Date of operation

What test confirmed diagnosis? **Typical Gram stain** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** Date of injury, 19.....
Where did injury occur?, 19.....
(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) **M. A. Gallant** M. D.
(Address) **230 North Jackson Blvd**

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.

