

JAN 10 1937

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

Do not use this space.

46392

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis Mo** (No. **Christian Hospital**) St. Ward)

File No.....
Registered No. **12179**

2. FULL NAME **Joseph Pantano**

(a) Residence. No. **3152 So. Grand Ave** St. **16** 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 **Male**
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 **Roselina Agliata**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 20, 1880**
7. AGE YEARS **56** MONTHS **3** DAYS **19** If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. **Laborer**
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 **Santo Pantano**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

MOTHER
15. MAIDEN NAME **Maria (unknown)**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

17. INFORMANT **Mrs Joseph Pantano**
(ADDRESS) **3152 So Grand Ave**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St Matthews** DATE **Dec 12, 1936**

19. UNDERTAKER **Paul A. Palustera**
(ADDRESS) **5142 Bessette Ave**

20. FILED **J. T. Bredeck**
Regist. r.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-8-1936**
22. I HEREBY CERTIFY, That I attended deceased from **12-6-1936** to **12-8-1936**
I last saw him alive on **12-8-1936** Death is said to have occurred on the date stated above, at **5:15 p.m.**
The principal cause of death and related causes of importance were as follows:

Date of onset **12/8/36**
Cardiac Failure
No definite decrease of heart
Other contributory causes of importance:
Chronic Bronchitis 1931
Broncho pneumonia 12/4/36

Name of operation **None** Date of.....
What test confirmed diagnosis: **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: **No**
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) **Nicholas S. Vitale, M. D.**
(Address) **3801 St Louis Ave.**

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.

DEC 11 1936

