

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.

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

Do not use this space.

JAN 20 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St Louis Mo** (No. **At Home**)

46874
 Registered No. **12468**
 St. _____ Ward _____

2. FULL NAME **Gietano Tappello**

(a) Residence, No. **5238 Botanical Ave** St. **13** Ward. (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 **Theresa Gainibrasso**
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar, 9, 1879**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
57		9	11	

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. _____
10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**

12. BIRTHPLACE (CITY OR TOWN) **Italy**
 (STATE OR COUNTRY)

13. NAME **Victor Tappello**
Italy

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

15. MAIDEN NAME **Caroline Purecelli**
Italy

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

17. INFORMANT **Mrs. Olga Tappello**
 (ADDRESS) **5238 Botanical Ave**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **St. Peter's Paul** DATE **Dec 22, 1936**

19. UNDERTAKER **Paul B. Balcastro**
 (ADDRESS) **5242 Botanical Ave**
J. F. Bredeck
 Registrar.

20. FILED **DEC 21 1936**

MEDICAL CERTIFICATE OF DEATH **12-20-36**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 1, 1936**

I HEREBY CERTIFY, That I attended deceased from **July 1, 1936** to **July 20, 1936**
 I last saw him alive on **July 19, 1936** Death is said to have occurred on the date stated above, at **H. H.** m.
 The principal cause of death and related causes of importance were as follows:

Sclerosis
Myocardial degeneration
 Other contributory causes of importance: **Arteriosclerosis**
 Date of onset **1934**
 Date of death **12-20-36**

Name of operation..... Date of.....
 What test confirmed diagnosis? **X-rays** 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? **Yes**
 If so, specify **Yes**
 (Signed) **J. F. Bredeck** M. D.
 (Address) **2608 S. Kingshighway**

