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.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3673

Registered No. 708

96
80
9

1. PLACE OF DEATH

County .....

Township .....

City St. Louis (No. Desloge Hospital St. ..... Ward)

2. FULL NAME William F. Placio (William F. Placio)

(a) Residence, No. 2727 Osceola St. 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Placio

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1884.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (accessory)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Busch Diesel Co.

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) St. Louis, Mo.

FATHER

13. NAME Frank Placio

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain 25

MOTHER

15. MAIDEN NAME Mary May

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 15

17. INFORMANT Mary Placio
(ADDRESS) 2727 Osceola St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Jan. 18, 1937

19. UNDERTAKER J. H. Gerkens & Co.
(ADDRESS) 2842 Meramec St.

20. FILED JAN 17 1937, 19 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1936, to Jan 15, 1937

I last saw h. alive on Jan 15, 1937. Death is said to have occurred on the date stated above, at 4 a. m.

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

	Date of onset
Cachexia	Uncertain
47B	

Other contributory causes of importance:

Carcinoma of Lung

Name of operation — Date of

What test confirmed diagnosis? — 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) G. O. Brown, M. D.

(Address) 1325 So. Grand Blvd