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

Do not use this space. 32322

OCT 14 1937

791

1. PLACE OF DEATH
County .... Registration District No. ....
Township .... Primary Registration District No. 1008
City St. Louis (No. 4045 St. Louis Ave. St. .... Ward)

File No. ....
Registered No. 8376

2. FULL NAME Giovanna Mangogna
(a) Residence, No. 4045 St. Louis, Ave. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	
3. SEX	Female
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	Vito Mangogna
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)	April 8, 1880.
7. AGE — YEARS / MONTHS / DAYS	57 / 4 / 26
If LESS than 1 day, ...hrs. or ....min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
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	Vito Pesviotla
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Italy
MOTHER 15. MAIDEN NAME	Vita Chementi
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Italy
17. INFORMANT (ADDRESS)	Grace Mangogna, 4045 St. Louis Ave.
18. BURIAL, CREMATION, OR REMOVAL — PLACE / DATE	Calvary Cem. / Sept. 7, 1937
19. UNDERTAKER (ADDRESS)	Bensiek-Niehaus, 1208 N. 18th St.
20. FILED	SEP 6 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1936, to Sept. 4, 1937
I last saw her alive on Aug. 31, 1937. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset

Pulmonary Tuberculosis

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Other contributory causes of importance:
Cholelithiasis
Gen. arterio 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 or injury in any way related to occupation of deceased? ....
If so, specify ....
(Signed) H. Schuerfelin, M. D.
(Address) 1004 Mo. Theat. Bldg.

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.

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Mr. Schumacher
1004 Mo. [illegible]