

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.

OCT 14 1937

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

32559
 Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **St. Louis Children's Hospital** Registered No. **8613**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **8 yrs. 5 mos. 14 ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sammuel Giaimo; aimo
 (a) Residence, No. **1814 Elliot** St. **20** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Child, 6 1/4**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 31, 1929**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 5 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **child**
 9. Industry or business in which work was done, as saw mill, bank, etc. -----
 10. Date deceased last worked at this occupation (month and year) ----- 11. Total time (years) spent in this occupation **14**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Vincent Giaimo**
 14. BIRTHPLACE (CITY OR TOWN) **New York**
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Mary Giaimo**
 16. BIRTHPLACE (CITY OR TOWN) **Delaware**
 (STATE OR COUNTRY)

17. INFORMANT **Vincent Giaimo**
 (ADDRESS) **1814 Elliot**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Sept 15, 1937**

19. FUNERAL DIRECTOR **P. Miceli & Son**
 (ADDRESS) **1133 No. Kingshighway Bl.**

20. FILED **SEP 14 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-12-37** 19
 22. I HEREBY CERTIFY, That I attended deceased from **8-20-37**, 19, to **9-12-37**, 19.
 I last saw him alive on **9-12-37**, 19. Death is said to have occurred on the date stated above, at **9:05 p.m.**
 The principal cause of death and related causes of importance were as follows:

Septicemia caused by Pyarthrosis
 Date of onset **8-20-37**

Other contributory causes of importance:
Pyarthrosis of L. knee 9-8-37
Regurgitation from non-inferior vena cava
osteomyelitis
phlebotomy

Name of operation **phlebotomy** Date of **9-8-37**
 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 **Laoph N. Barlow, M. D.**
 (Signed) **Laoph N. Barlow**
 (Address) **500 S Kingshighway**

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene, Licensed Embalmer No. 3864

hereby certify that the body recorded on the reverse side of this certificate was embalmed by: me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Arnold W. Schoene

Licensed Embalmer No. 3864

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)