

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Saint Louis Registration District No. 1123
 Township C Primary Registration District No. 6248 B
 City Jefferson Barracks (No. VA 7) St. _____ Ward _____
 Registered No. 400
2. FULL NAME Girolano GAGLIANO
 (a) Residence, No. 215 Walnut Street St. _____ Ward. Crystal City, Missouri
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. Unkn mos. _____ ds. _____
 How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. French Gagliano</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 7, 1893</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>44</u>	<u>0</u>	<u>21</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>			
	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 Not known14. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY)15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY)17. INFORMANT Clinical Clerk M. Schellig
(ADDRESS) VAF Jefferson Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Not known DATE 10/20/3719. UNDERTAKER W. R. Fleck
(ADDRESS) 474 1/2 Franklin20. FILED Sept. 29, 1937
Y. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 28, 193722. I HEREBY CERTIFY, That I attended deceased from September 27, 1937, to September 28, 1937I last saw h. in alive on September 28, 1937. Death is said to have occurred on the date stated above, at 8:05 P.m.

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

Carcinoma of head of pancreas with multiple metastasis.

Date of onset

Unkn.Other contributory causes of importance:
NoneName of operation None Date of _____
PAV, clinical manip. and laboratory
What test confirmed diagnosis? _____ Was there an autopsy? NO23. 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 related to occupation of deceased? _____

If so, specify W. R. Fleck(Signed) W. R. Fleck, Act. Chief Med. Off. M. D.(Address) VAF Jefferson Barracks, Mo.

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.

NOV 4 1942