

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

584  
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **10003**  
 (c) City **St. Louis** (d) Street No. **5143 Shaw Ave.** Registered No. **440**  
 (e) Length of residence in city or town where death occurred **39** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**Francesco Riggio 200**  
 (a) Residence, No. **5143 Shaw Ave** St. **13**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Rosina Riggio</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 10, 1881</b>		
7. AGE YEARS <b>56</b>	MONTHS <b>6</b>	DAYS <b>1</b>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>clerk</b>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>General Merchandise</b>	
	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) <b>Italy</b>		
FATHER	13. NAME <b>Nicolo Riggio</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Italy</b>	
MOTHER	15. MAIDEN NAME <b>Francesca Bacile</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Italy</b>	
17. INFORMANT (ADDRESS) <b>Rosina Riggio 5143 Shaw Ave</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>SS. Peter &amp; Paul</b> DATE <b>Jan. 14, 1938</b>		
19. FUNERAL DIRECTOR (ADDRESS) <b>P. Miceli &amp; Son 1133 No. Kingshighway Bl.</b>		
20. FILED IN <b>JAN 13 1938</b> <b>J. Bredeck</b> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 11<sup>x</sup>, 1938**

22. I HEREBY CERTIFY That I attended deceased from **May** 1937, to **January 11<sup>x</sup>**, 1938  
 I last saw h. e. alive on **January 11<sup>x</sup>**, 1938 Death is said to have occurred on the date stated above, at **9** a. m.  
 The principal cause of death and related causes of importance were as follows:  
**Chronic Nephritis** Date of onset **April 1935**

Other contributory causes of importance:  
**1/2/1**

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) **Guillermo Cataldi**, M. D.  
 (Address) **5143 Shaw**

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.)