

REC'D SEP 21 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

29904

Do not use this space.

## 1. PLACE OF DEATH

(a) County PettisRegistration District No. 668(b) Township SeclaviaPrimary Registration District No. 3032(c) City Seclavia(d) Street No. 312 W 4(e) Length of residence in city or town where death occurred 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.2. PRINT FULL NAME ALBERT AVANSINO(a) Residence, No. 312 W. 4.St. ☐

(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

male

## 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

Giose Avansino

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 13, 1876

## 7. AGE

YEARS

63

## MONTHS

4

## DAYS

28

## IF LESS THAN 1

day, hrs. or min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Restaurant

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)

Aug 1939

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Louis Missouri

## FATHER

13. NAME Frank Avansino

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Italy

## MOTHER

15. MAIDEN NAME Piessa

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

Italy

## 17. INFORMANT (ADDRESS)

Mrs Rose Avansino Seclavia

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE CemeteryDATE 8-14- 1939

## 19. FUNERAL DIRECTOR (NAME) (ADDRESS)

McLaughlin Bros Seclavia

## 20. FILED

8-12- 1939Mrs Harry Sneed

Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1939

22. I HEREBY CERTIFY, That I attended deceased from

7/17 1939, to 8/11 1939I last saw him alive on Aug 11 1939. Death is saidto have occurred on the date stated above, at 10:30 p. m.

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

Chronic interstitial nephritis

Date of onset

Other contributory causes of importance:

Stricture of urethra  
Acute prostatic abscessName of operation None Date of 10/1What test confirmed diagnosis? Clinical & lab. 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

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? No

If so, specify

(Signed)

(Address)

J. W. Rogers M. D.  
Seclavia, Mo

RECEIVED  
District Health Officer No. 8  
File Number  
9/7/39  
Filed

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*Ralph E. Baker*

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Ralph E. Baker*

Licensed Embalmer No. \_\_\_\_\_

*2419*

P. O. Address \_\_\_\_\_

*Seaside Mo*

**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.)

If this body is not embalmed, above space should be left blank.