

No. 2
4-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26661**
Registrar's No. **7482**

FILED AUG 30 1943 **318**
Registration District No.

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
city sanitarium 9
(if not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 42 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Faro (Frank) Giannola
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Domenica 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased June 21 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 1 25 hr. min.

9. Birthplace Palestrate Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business.....

MOTHER FATHER { 12. Name salvatore giannola

13. Birthplace cinisi Italy 5
(City, town, or county) (State or foreign country)

14. Maiden name Caterina quartararo

15. Birthplace Palestrate Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Domenica Giannola

(b) Address 3225 Kossuth Ave.

17. (a) Burial (b) Date thereof Aug. 21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation calvary cemetery

18. (a) Signature of funeral director P. Miceli - son

(b) Address 1150 N. Kingshighway Plvd.

19. (a) AUG 20 1943 (b) J. F. Budnik
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 910
(d) Street No. 3225 Kossuth Ave.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16
year 1943 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Skull fracture;
subdural hemorrhage of brain; when he
was found lying on the Solarium floor
of the City Sanitarium Aug. 16, 1943
Diamond 3:40 o'clock A.M.
CAUSE AND MANNER OF SAME COULD NOT
BE ASCERTAINED.

Due to OPEN VERDICT

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) OPEN VERDICT

(b) Date of occurrence 8-16-1943

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Thomas J. Callana (M.D. or other)
Address Deputy Coroner Date signed 8-18-43

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, or by.....

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

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St Louis, 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, fact should be so stated above.