DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19709

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5191

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4469 Lee Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Merthiorre Michael (Mike) Gagliano

3. (b) If veteran, name war

3. (c) Social Security No. 489-10-7524

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Betty Gagliano

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 29, 1878 (Month) (Day) (Year)

8. AGE: Years 65 | Months 11 | Days 24 | If less than one day hr. min.

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

10. Usual occupation Baker

11. Industry or business Unemployed

MOTHER FATHER

12. Name Joseph Gagliano

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

14. Maiden name Lucille Filleta

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

16. (a) Informant Lucille Mohorovich

(b) Address 4469 Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUN 7 1944 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1944 hour 12 minute 30 A.M.

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

Immediate cause of death: Leading Shock & Hemorrhage of Brain
Due to: Injuries received by being struck by a street car
Due to: Operation by one Walter Roberts on front of 2628 Rase Ave. about 9:30 AM

Duration

Other conditions (Include pregnancy within 3 months of death): June 3 1944

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence June 30 1944

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Fall

23. Signature Alfred Perry (M.D. or other)

Address Maryville Mo. Date signed 6/17/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.