

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

Do not use this space.

3215

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Report)

File No. 839

Registered No. 839

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 5218 Dequett St. B Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gosa Vancardo

17. I HEREBY CERTIFY, That I attended deceased from Jan 21 1928 to Jan 21 1928, that I last saw him alive on Jan 21 1928 and that death occurred, on the date stated above, at 9:40 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1 1884

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 43 1 20

108
10/10/28
Loobar Pneumonia

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work laborer (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Tony Novaro

18. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

18. WAS THERE AN AUTOPSY.....

12. MAIDEN NAME OF MOTHER Virginia Schifano

WHAT TEST CONFIRMED DIAGNOSIS.....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

(Signed) Robert H. Luzzo, M. D. (Address) City Report

14. INFORMANT (Address) City Report

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED 1003 19 28 Mar 6 Starkoff REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Waller & Co DATE OF BURIAL Jan 24 1928

20. UMBERTAKER Paul C. Calabera ADDRESS 1921 Cooper

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.

THIS IS A PERMANENT RECORD

Novas.