

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 701

City St. Louis

(No. City Hospital)

File No. 29299

29299

Registered No. 8821

8821

St. _____

Ward) _____

FULL NAME Lucaomo D. Agostini

(a) Residence. No. 13137

(Usual place of abode)

St. 25

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. _____ mos. _____ da.

_____ yrs. _____ mos. _____ da.

How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 27 1928

17.

I HEREBY CERTIFY That I attended deceased from Aug 17, 1928, to Aug 27, 1928, that I last saw him alive on Aug 27, 1928, and that death occurred, on the date stated above, at St. Louis.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the head of the pancreas & metastasis to duodenum causing obstruction
46F (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 46F
1928 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) John W. Stahler M. D.

1928, 1928 (Address) City Hospital

*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.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Ornamental Sculpture

(b) General nature of industry, business, or establishment in which employed (or employer) worker

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Italy

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Italy

14.

INFORMANT Stahler

(Address) City Hospital

15.

FILED SEP -1 1928

1928

REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Calvary

DATE OF BURIAL

Sept 1 1928

20. UNDERTAKER

Bennick - Michaels

ADDRESS

1138 1/2 6th

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.

D'Agostini