

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

Do not use this space.

32347

9660

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. *Barnes Hospital*)

File No.....

Registered No.

St. Ward)

2. FULL NAME *GIROLAMO GANCITANO*

(a) Residence. No. *1433 No 23rd* St. *26* Ward.

(Usual place of abode)

(if nonresident give city or town and State)

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

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 *Leonardo Gancitano*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May - 13 - 1886*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *42 4 13*

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 *Carvino & Fraschi Mfg Co*

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

10. NAME OF FATHER *Asquale Gancitano*

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

12. MAIDEN NAME OF MOTHER *Musegnat Stefano*

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

14. INFORMANT *Leonardo Gancitano* (Address) *1433 N 23*

15. *COI - 1 1928* Filed *19* *Mar 6 Starke*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *9-29-1928*

17. I HEREBY CERTIFY, That I attended deceased from *9-14* 19*28*, to *9-27* 19*28*

that I last saw him alive on *9-27* 19*28*, and that death occurred, on the date stated above, at *6:50 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
Pung Abscess
1146

CONTRIBUTORY (SECONDARY) *Tuberculosis* (duration) *4* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....

WAS THERE AN AUTOPSY? *Yes*

WHAT TEST CONFIRMED DIAGNOSIS? *Autopsy, Findings*

(Signed) *Charles H. Dunsen*

, 19 (Address) *Barnes Hospital*

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Calvary* DATE OF BURIAL *Oct 2 1928*

20. UNDERTAKER *Beneck-Mehans* ADDRESS *1138 N 6*

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.

WHILE FILING, WITH UNPAID INDEBITMENTS IS A PERMANENT RECORD

