

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

Do not use this space.

17834

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 4943, Lanadowne St. .... Ward) (Usual place of abode)

File No. ....  
 Registered No. 4957

**2. FULL NAME**

(a) Residence No. 4943 Lanadowne St. 14 Ward. (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Botto

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-17 1930  
 17. No Physician in attendance  
 I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... 8:20 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1845  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
alt. 85 - - -

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

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

Chronic Myocarditis  
93c  
 CONTRIBUTORY (SECONDARY) 40B  
 (duration) yrs. mos. ds.  
 (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER Unknown Gaggolo  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Italy  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) U. S.

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) John H. Wiley, M.D.  
519. 12 30 (Address) Deputy Coroner.

14. INFORMANT Mrs. Daniel P. Tafe  
 (Address) 4569 Washington

\*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 MAY 21 1930  
 REGISTRAR Max J. Farber

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL 5-22 1930  
 20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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