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

Do not use this space.

25169

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1816 Macklind St. ..... Ward)

File No. .....

Registered No. 7379

2. FULL NAME Joseph GarAvaglia

(a) Residence. No. 1816 Macklind St., 13 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Zoia

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 25 1887

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	10	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clay Mine

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

(c) Name of employer

43

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

16

PARENTS

10. NAME OF FATHER Lonigi Garavaglia

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

12. MAIDEN NAME OF MOTHER Maritta Nia

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

14. INFORMANT Theresa Garavaglia (Address) 1816 Macklin

15. FILED JUL 23 1930 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/21 1930

17. I HEREBY CERTIFY, That I attended deceased from 6/30, 1930, to 7/21, 1930 that I last saw him alive on 7/21, 1930 and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108
191 Ch Nephritis
750 Alcoholism
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia
(duration) yrs. mos. 4 ds.

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) L. A. Milliken M. D.

7/23, 1930 (Address) 4928 Shaw

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter - Paul

DATE OF BURIAL July 23 1930

20. UNDERTAKER Paul C Calcaterra

ADDRESS 1921 Cooper St

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.