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

Do not use this space.

38900

1. PLACE OF DEATH
County St Louis Registration District No. 1170 File No.
Township Primary Registration District No. 62486 Registered No. 265
City Richmond Heights (No. 7221 Arlington Drive St. Ward)

2. FULL NAME Louis Bellagamba

(a) Residence, No. 7221 Arlington Dr 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29th 1876

7. AGE: Years 55 Months 2 Days 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Fruit
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER

13. NAME Lorenzo Bellagamba
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER

15. MAIDEN NAME Augustine Costa
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Geo Bellagamba
(ADDRESS) 7221 Arlington Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov 18th 1931

19. UNDERTAKER Arthur J Donnelly Und Co
(ADDRESS) 2039 Wash St

20. FILED 11/16 1931 C. L. Jerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1931 to 11/16 1931
I last saw him alive on 11/13 1931 Death is said to have occurred on the date stated above, at 6 30 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
131	

Other contributory causes of importance: Chronic Nephritis

Name of operation 131 Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred Wm Geiber, M. D.
(Address) 2037 Franklin

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.

DEC 26 1931

Dr Tribes
21st a Franklin