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.

SEP 26 1933

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

Do not use this space.

27661

1. PLACE OF DEATH
County St Louis
Township Central
City ~~St Louis~~ (No. St Mary Hospital St. Ward)

Registration District No. 1170
Primary Registration District No. 6248H.

File No.
Registered No. 172

2. FULL NAME Domenico Gianino

(a) Residence, No. 5129 Wilson St., 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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 1933

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ----------

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Sabastin Gianino

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

MOTHER

15. MAIDEN NAME Frances Paulo Marciano

16. BIRTHPLACE (CITY OR TOWN) Naples Italy (STATE OR COUNTRY)

17. INFORMANT Mr. S. Gianino (ADDRESS) 5129 Wilson Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter & Paul DATE Aug. 29, 1933

19. UNDERTAKER Paul C. Calcaterra (ADDRESS) 5142 Daggett Ave

20. FILED 8/28, 1933 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1933 to Aug. 27, 1933
I last saw h. alive on Aug. 24, 1933. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic nephritis	
130	

130

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) C. Wistar Wahl, M. D.
(Address) 4560 Clivo