

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

Do not use this space.

27768

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township _____ Primary Registration District No. _____
 City St. Louis (No. City Hospital) St. _____ Ward _____
6866 _____

File No. _____
 Registered No. 6780

2. FULL NAME

(a) Residence, No. 1711 S 17th St., 26 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis J. Giovanoni</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 23, 1888</u>		
7. AGE	YEARS <u>45</u>	MONTHS <u>3</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Kitchen</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Seuggo L. Co.</u>	
	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) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Mathew Glenn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
MOTHER	15. MAIDEN NAME <u>Antonov</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Respy of City Hosp.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter & Paul</u> DATE <u>Aug. 7, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. G. Mayall</u> <u>4111 Allen av</u>		
20. FILED <u>AUG -4 1933</u> <u>J. T. Budick</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-28, 1933, to Aug 3, 1933.
 I last saw her alive on 8-3, 1933. Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia, Bronchitis Date of onset 3 days

Other contributory causes of importance:
107A 101

Name of operation No. 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? No
 If so, specify _____
 (Signed) H. Jewell E. M. D.
 (Address) City Hospital

SEP 26 1933

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.

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