

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

Do not use this space.

31827

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 932 - Hickory Ward)

File No.....
Registered No. 8566 St. Ward)

2. FULL NAME

Damnie Gioconarra
(a) Residence, No. 932 - Hickory, St. W 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosaria Gioconarra</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 2 - 1878</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>6</u>
	DAYS <u>28</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>Water Pipe Labor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>City Water Work</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation <u>24</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Resuttano Italy</u>		
FATHER	13. NAME <u>Francesco Gioconarra</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Resuttano Italy</u>	
MOTHER	15. MAIDEN NAME <u>Francesca Taji</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Resuttano Italy</u>	
17. INFORMANT <u>Rosaria Gioconarra</u> (ADDRESS) <u>932 - Hickory, St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Culvary</u> DATE <u>Oct 3</u> <u>1933</u>		
19. UNDERTAKER <u>Cardinal Miceli</u> (ADDRESS) <u>1132 - N. Kingshighway</u>		
20. FILED <u>OCT 2 1933</u> <u>J. T. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

No physician attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 3:00 P m.
The principal cause of death and related causes of importance were as follows:
Cor Myocarditis
Chronic Interstitial Nephritis
Other contributory causes of importance: 131
9-3 131

(Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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) Harold DeWitt
(Address) Ray, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 10 1933

