

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

Do not use this space.

34600

OCT 11 1934

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4077 Loughborough St. Ward)

File No.
Registered No. 9407

2. FULL NAME

Peter Cagna
(a) Residence, No. 4077 Loughborough 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 4 years

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

13. NAME John Cagna

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

15. MAIDEN NAME Madeline Barabgalis

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

17. INFORMANT (ADDRESS) Mrs. M. Cagna

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter's Paul DATE 9-27 19. A

19. UNDERTAKER (ADDRESS) Southern Lumber Co

20. FILED EP 25 1934 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1934 to Sept 24, 1934
I last saw him alive on Sept 24, 1934. Death is said to have occurred on the date stated above, at 5 1/2 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum
450 116

Date of onset

April 1934

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Redo scope 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) Adam H. Youngman, M. D.
(Address) 5439 Grover

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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WHILE FILING, WITH WRITING IN THIS IS A PERMANENT RECORD

Dr. Young

5439 Kansas