

FEB 16 1938

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

Do not use this space.

4151

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 9 1/2
 Township Carondelet Primary Registration District No. _____
 City St. Louis, Mo. (No. Int. St. Rose Saint) St. _____ Ward _____

2. FULL NAME John Giannola 540
 (a) Residence, No. 2249 N. Market St. _____ Ward. St. Louis, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

File No. _____
 Registered No. 33

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Anna Giannola

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 11 3

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

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 - 1938

22. I HEREBY CERTIFY, That I attended deceased from October 7 - 1937, to Jan 5 - 1938

I last saw him alive on Jan 4, 1938. Death is said to have occurred on the date stated above, at 5:45 p.m.

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

Diabetes Mellitus Date of onset 1937
Pulmonary Tuberculosis 1937
Empyema 1937

Other contributory causes of importance:
Tuberculosis Meningitis Jan 1938

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

13. NAME Sam Giannolas

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

15. MAIDEN NAME Catherine Quatala

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

17. INFORMANT Anna Giannola (ADDRESS) 2249 N Market

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan 7 - 1938

19. UNDERTAKER P. Miceli and Son (ADDRESS) 433 N. Kingshighway

20. FILED 1-5 REGISTERED BY THEODORE R. H. P. H. REGISTRAR

Name of operation Aspiration of Chest Date of _____
 What test confirmed diagnosis Lab. & X-ray Was there an autopsy? No

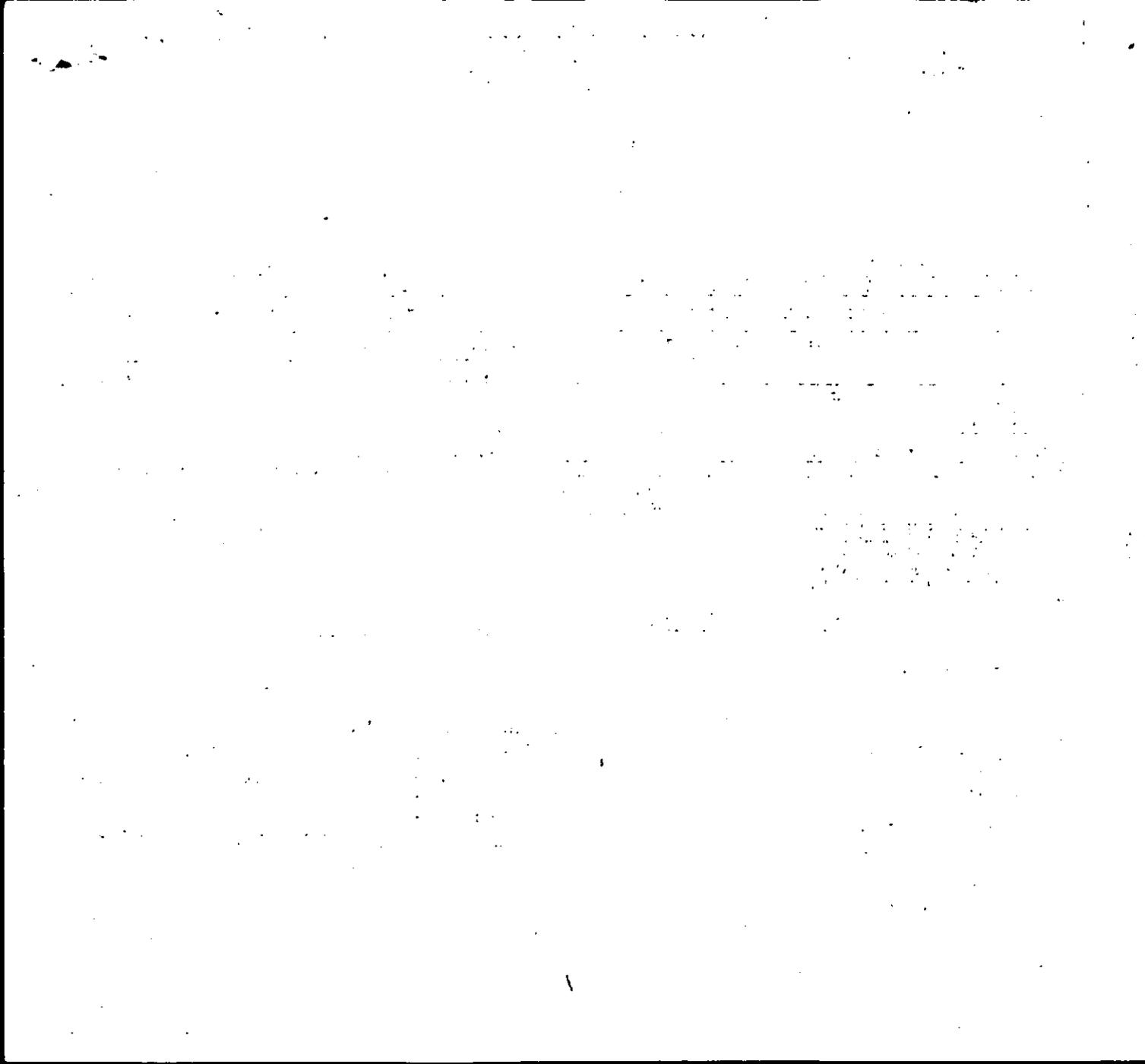
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury None
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) John J. Powell, Resident, M. D.
St. Rose Sanatorium
St. Louis, Mo.

Deputy State Commissioner of Health

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FLIGHTS 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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1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City St. Louis (d) Street No. Mt. St. Rose Sanitarium St.....
 (e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Giannola
 (a) Residence, No. 2249 No. Market St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Anna Giannola

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1897

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 11 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Ginise Italy

FATHER 13. NAME Salvatore Giannola
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Italy

MOTHER 15. MAIDEN NAME Caterina Quartalero
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Italy

17. INFORMANT (ADDRESS) Anna Giannola
2249 No. Market

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 7 38

19. FUNERAL DIRECTOR (ADDRESS) P. Miceli & Son
1133 No. Kingshighway

20. FILED 19..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR), 19.....

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.....m.

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

Date of onset

Other contributory causes of importance:

Name of operation..... 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)....., M. D.

(Address).....

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.

1938
S-4151

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene, Licensed Embalmer No. 3864

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)