

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

37781
 Do not use this space.

REC'D DEC 12 1938

791
 1003

Registered No. **10108**

1. PLACE OF DEATH

(a) County Registration District No.

(b) Township Primary Registration District No.

(c) City **St. Louis** (d) Street No. **Jewish Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred **34** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Joe - Giuseppe - Galate**

(a) Residence, No. **5710 Wabada** St. **6** (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) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1883				
7. AGE	YEARS 55	MONTHS 7	DAYS 26	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer			
	9. Industry or business in which work was done, as saw mill, bank, etc. Fruit Market			
	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) Giardinello Italy				
FATHER	13. NAME Francesco Galate			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Giardinello Italy			
MOTHER	15. MAIDEN NAME Antonina DiPiazza			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Italy			
17. INFORMANT (ADDRESS) Provopio Galate 5710 Wabada				
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 23, 1938				
19. FUNERAL DIRECTOR (ADDRESS) P. Miceli & Son 1150 No. Kingshighway Bl.				
20. FILED NOV 22 1938 Joe Bredeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-21** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **11-4**, 19**38**, to **11-21**, 19**38**
 I last saw him alive on **11-21**, 19**38**. Death is said to have occurred on the date stated above, at **1:31 P.** m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung
Broncho-pneumonia
Acute fibrinous Pericarditis

Date of onset	?
	11-7-38
	11-1-38

Other contributory causes of importance: **47**

Name of operation **none** Date of
 What test confirmed diagnosis: **autopsy** 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? **none** (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) **Melvin B. Kirsstein**, M. D.
 (Address) **601 S. Humboldt Bldg. St. Louis**

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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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.)