REC'D JUL 12 1939

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

20170
Do not use this space.

791
1003
5014

1. PLACE OF DEATH
(a) County 2 Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City 1 (d) Street No. 4121 Gano. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 255 Ferrucio.(Frank) Pagnini.
(a) Residence, No. 4121 Gano St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Vermiglia(Vera) Pagnini
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 12, 1867
7. AGE: YEARS 71 | MONTHS 5 | DAYS 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Track Foreman.
10. Date deceased last worked at this occupation (month and year): 1936
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Florence Italy 7

FATHER
13. NAME: Serafina Pagnini. 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy 7

MOTHER
15. MAIDEN NAME: Unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

17. INFORMANT (ADDRESS): Mrs. Vera Pagnini 4121 Gano. Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cemetery DATE: June 5, 1939
19. FUNERAL DIRECTOR (ADDRESS): Benesek Nicholas 1431 Union Blvd
20. FILED: JUN 2 1939 J. F. Bridrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 2, 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1939, to June 2, 1939.
I last saw him alive on May 22, 1939. Death is said to have occurred on the date stated above, at 9:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	6/1/39
Other contributory causes of importance: Chronic Degenerative Myocarditis	?

Name of operation: Clinical Signs Date of
What test confirmed diagnosis? Was there an autopsy? No

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) Charles E. Martin, M. D.
(Address) 3911 Lee Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by.....Registered Apprentice No. 3913

working under my personal supervision.

Signed Larry M. White

Licensed Embalmer No.....

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.)