

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23608

FILED AUG 28 1941
791

Registration District No. 791 Primary Registration District No. 1003

Registrar's No. 5950

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Months
(Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Pietra Maria Giammanco
(b) If veteran, name war --- (c) Social Security No. ---

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Francesco 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 29 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 0 20 hr. min.

9. Birthplace Terrasini Italy 5
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Caspare Scialina
13. Birthplace Terrasini Italy 5
(City, town, or county) (State or foreign country)
14. Maiden name Caterina Cracchiolo
15. Birthplace Terrasini Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Butler
(b) Address 3002 N. Newstead av.

17. (a) Burial (b) Date thereof July 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P. Miceli-son
(b) Address 1150 N. Kingshighway Blvd.

19. (a) JUL 21 1941 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3002 N. Newstead (If rural, give location)
(e) If foreign born, how long in U. S. A.? 37 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19, year 1941 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from February 1, 1941 to July 19, 1941 that I last saw her alive on July 19, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to 838

Other conditions (Include pregnancy within months of death) Genl Arteriosclerosis

Major findings: Of operations 11
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) P.O.
Address 1515 Lafayette Ave. Date signed 7/21/41

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Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

