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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 15077

Township ..... Primary Registration District No. 1003 Registered No. 3996

City St. Louis (No. 4413A West Papin St. St. ..... Ward)

2. FULL NAME Delores M. Guglielmucci.

(a) Residence. No. 4413A West Papin St. 18 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: Female
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) April 21, 1927

7. AGE: Years — Months 11 Days 19 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

PARENTS

10. NAME OF FATHER Alfred Guglielmucci
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
12. MAIDEN NAME OF MOTHER Mary E. Boewer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo.

14. INFORMANT Alfred Guglielmucci
(Address) 4413 W. Papin St.

15. FILED APR 11 1928, 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10, 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-7, 1928, to 4-10-, 1928, that I last saw her alive on 4-9-28, 19.., and that death occurred, on the date stated above, at 12:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bilateral Broncho pneumonia
Primary
10 TH 10 A (duration) ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Lee J. Benchat, M. D
4-11, 1928 (Address) 1659 S. 39th St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Peter & Paul Cem. DATE OF BURIAL: 4-12-1928

20. UNDERTAKER: Kriegshauser U. Co. ADDRESS: 410 S. Manchester Av.

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.

Dr. Beuchet 1659 S. 39th St.
9-11 A.M.