

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

Do not use this space.

26089

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784 File No. \_\_\_\_\_  
 Township St. Ferdinand Primary Registration District No. 6030 Registered No. \_\_\_\_\_  
 City St. Louis (No. Church Rd. & Bellefontaine Rd. St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Claria Guidici

(a) Residence. No. Church & Bellefontaine Rd. Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode)

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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carlo Guidici

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75 About

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

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

10. NAME OF FATHER Julius Mosucelli

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Italy  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Italy  
 (STATE OR COUNTRY)

14. INFORMANT Ernest Guidici  
 Address Bellevue - Church Rd

15. FILED July 14, 1931 Dr. Carl J. Mantz REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/13 1931

17. HEREBY CERTIFY, That I attended (deceased from \_\_\_\_\_ 1930 to 7/13 1931 that I last saw her alive on 7/12 1931, and that death occurred, on the date stated above, at 5 PM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of uterus

48 (duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) metastasis carcinoma  
leukemia (duration) 6 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) L. A. Mullikin M. D.

7/14 1931 (Address) 4928 Shaw 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 - Paris DATE OF BURIAL July 15 1931

20. UNDERTAKER Paul Calcaterra ADDRESS 5142 Keaggett

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.

AUG 29 1931

MAY 26 1946