

WHITE PRINTING, 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.

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**

Township.....

Primary Registration District No. **303**

City **St. Louis**

(No. **4** City, Hospt. **303**)

File No. **21389**

Registered No. **5173**

2. FULL NAME **Edward Guercia**

(a) Residence, No. **1914 Macklin** St., **4** Ward.

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. (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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 30 1928**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 9 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Child**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) **St. Louis Mo**

13. NAME **Sam Guercia**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

15. MAIDEN NAME **Adele Riely**

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

17. INFORMANT (ADDRESS) **Adele Guercia 1914 Macklin**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **June 14 33**

19. UNDERTAKER (ADDRESS) **Paul Calcaterra 5142 Leaggett ave**

20. FILED **1933** **J. F. Brebeck** Registrar

MEDICAL CERTIFICATE OF DEATH

No physician in attendance
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 12 1933**

22. I HEREBY CERTIFY, That I attended deceased from **2**....., 19....., to....., 19..... I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **8:45 A.M.**

The principal cause of death and related causes of importance were as follows:

Haemorrhage of brain
Acute nephritis glomerular
82A tubercle
157
Other contributory causes of importance

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?..... (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?
If so, specify.....
(Signed) **J. P. Deane** M. D.
(Address) **Deputy Coroner**

