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.

SEP 26 1933

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

Do not use this space.

27987

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 2002 ..... Registered No. 7052

City St Louis (No. 4464 A Chouteau St. ..... Ward)

2. FULL NAME Norma Jane Guglielemenecci

(a) Residence, No. 4464 A Chouteau St., 13 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 1928

7. AGE: YEARS 5 MONTHS 1 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

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

FATHER

13. NAME Alfred Guglielemenecci

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

MOTHER

15. MAIDEN NAME Mary Boemer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester Mo

17. INFORMANT (ADDRESS) Mary Guglielemenecci 4464 A Chouteau

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter & Paul DATE 8 - 16 1933

19. UNDERTAKER (ADDRESS) Kriegshauser Northwest 4104 Manchester Ave

20. FILED AUG 15 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to Aug. 13, 1933

I last saw her alive on Aug 13, 1933 Death is said to have occurred on the date stated above, at 1:30 P m.

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

	Date of onset
Sarcoma left kidney	June 1
53	

Other contributory causes of importance:

Metastasis to abdominal organs

Name of operation Nephrectomy Date of June 6

What test confirmed diagnosis? Laboratory 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) H H Helbing, M. D.

(Address) 4963 Fountain Ave

4963 Fourilage
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