

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

13176
 Do not use this space.

1. PLACE OF DEATH
 (a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1000
 (c) City St. Louis, Mo. (d) Street No. City Hospital #1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 D 327
 2. PRINT FULL NAME Joseph Spguzzia 122
 (a) Residence, No. 119 Wash St. 25 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/25 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 9 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Reddler
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) City
 13. NAME Chas. Spguzzia
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER 15. MAIDEN NAME Grace Helan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Hosp. Info. M. Williams
 (ADDRESS) City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 4-25 1938

19. FUNERAL DIRECTOR (NAME) Wiegand's Mortuary
 (ADDRESS) 422 E. St. Louis Highway

20. FILED APR 23 1938 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/7/38, 1938 to 4/22/38, 1938.
 I last saw him alive on 4/22/38, 1938. Death is said to have occurred on the date stated above, at 7:05 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary embolus Date of onset 4/22/38
1000

Other contributory causes of importance:
Thrombophlebitis of rt. lower vein
etc. Arteriosclerosis of rt. aorta & left knee 3 Months ago
None

Name of operation..... Date of.....
 What test confirmed diagnosis? Autopsy 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....., 1938.
 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) Thos. W. Sloan, M. D.
 (Address) 1515 Lafayette

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

Erwin N. McArthur

Licensed Embalmer No. *3024*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.