

REC'D JUN 9 1938

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

16852  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Louis Registration District No. 791  
 (b) Township St. Louis Primary Registration District No. 1003  
 (c) City St. Louis (d) Street No. 1525 Semple Ave En route City Hosp. #1, St. Louis  
 (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.

**2. PRINT FULL NAME**

Giovani Ceccarini 26.5  
 (a) Residence, No. 15 25 Semple Ave St. 6  
 (Usual place of abode, if no street address, write county or city) (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 0 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Miuscian  
 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) Italy

13. NAME Antonia Ceccarini

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Floyd Ceccarini  
1525 Semple Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 5. 25. 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul C. Calcutt  
5142 Dequett Ave

20. FILED MAY 24 1938 J. F. Bredich Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

No attending physician.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 10.35 PM

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

Chronic Myocarditis;  
Arteriosclerosis.

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 See above

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signature) Alfred J. Perry M. D.

(Address) Deputy Coroner

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.

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.....

*Paul C. Calcuterra*

Licensed Embalmer No.....

*2376*

P. O. Address.....

*5142 Daggett*

**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.**