

REC'D JAN 11 1939

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

40823
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... St. Louis (d) Street No. Hampton & Clayton Ave. 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.

2. PRINT FULL NAME

Henry Bauchiero
(a) Residence, No. 5952 Victoria Ave. St. H (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 Louise Bauchiero

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 2 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chef
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

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

FATHER 13. NAME John Bauchiero

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

MOTHER 15. MAIDEN NAME Dominice Serasio

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

17. INFORMANT (ADDRESS) Mrs. Louise Bauchiero
5952 Victoria Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec. 7, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly
3840 Lindell Blvd.

20. FILED DEC 6 1938 J. B. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1938 to Dec 5, 1938
I last saw him alive on Dec 1, 1938 Death is said to have occurred on the date stated above, at 5 am.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Interosseal
Date of onset 8-19-38

Name of operation None Date of None
What test confirmed diagnosis Biopsy 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? _____
If so, specify _____
(Signed) Emmett Burns, M.D.
(Address) 3802 N. Grand Blvd.

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.

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

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

Alfred J. Dvedel

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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.