

REC'D FEB 10 1939

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

512
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... 2 Primary Registration District No. 1008
(c) City St. Louis. (d) Street No. 5603 Bartmer 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

450 Maria Giuliano.
(a) Residence, No. 5603 Bartmer Ave. St. 5 (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 Female 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 Michael Giuliano.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1885.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 3 17

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

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

MOTHER 15. MAIDEN NAME Josephine Scappeno.

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

17. INFORMANT Mr. Michael Giuliano. (ADDRESS) 5603 Bartmer Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 18-39 19

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

20. FILED 19 J. F. Breckner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1939. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1939, to Jan 15 1939
I last saw him alive on Jan 15 1939. Death is said to have occurred on the date stated above, at 4:20 P.M.

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

Chronic myocarditis

Other contributory causes of importance:

arteriosclerosis

Name of operation none Date of _____
What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Joseph E. Carney M. D.
(Address) 525 7th St. St. Louis

JAN 18 1939

8-2-8
J. Brown

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

W. Van Matre

Licensed Embalmer No.

2825

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.