26 1940
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8222

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 398

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6318 Page Blvd.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6318 Page Blvd.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anthony Gatti. 3-0-1
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rosanna Gatti
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May (Month) 14, (Day) 1880. (Year)

8. AGE: Years 59 Months 9 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) Italy (State or foreign country) 7
10. Usual occupation Shoe repair man
11. Industry or business 7
FATHER
12. Name Saverio Gatti
13. Birthplace (City, town, or county) Italy (State or foreign country) 7
MOTHER
14. Maiden name Angela Pelusi
15. Birthplace (City, town, or county) Italy (State or foreign country)
16. (a) Informant's own signature Mrs. Rosanna Gatti.
(b) Address 6318 Page Blvd.,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. (Month) 28/40. (Day) (Year)
(c) Place: burial or cremation Calvary Cem.,
18. (a) Signature of funeral director Jas. W. Clark.
(b) Address 1125 Hodiamont Ave.,
19. (a) FEB 26 1940 (Date received local registrar) (b) D. R. Meyer M.D. Dr. PH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1940 hour 10.55 minute P.M. M.
21. I hereby certify that I attended the deceased from Feb. 1, 1940, to Feb. 24, 1940
that I last saw him alive on Feb. 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis & Grippe	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93c	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature T J Kemp (M. D. ~~or other~~)
Address 4503 Washington Date signed Feb 26 /40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.
I X19511

Dr. Thomas Kamp,
4503 Washington Blvd.,
Ro. 3653.
10-11,4-5 &7-8 P.M.

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 Mark L. Tremo, Registered Apprentice No. 174, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3225.

P. O. Address 1125 Hodiamont Ave.,

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.