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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9343

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2826

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1227 Shawmut PL.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days) Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 5
(If outside city or town limits write "RURAL")
(d) Street No. 1227 Shawmut PL.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? About 20 Years years.

3. (a) PRINT FULL NAME Albina Gori

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Giatano Gori

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 57 | Months | Days | If less than one day hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country)

10. Usual occupation House

11. Industry or business Wife

FATHER
12. Name Giovanni Marcani
13. Birthplace Italy (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Giatano Gori
(b) Address 1227 Shawmut Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3. 28. 40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Paul C Calcaterra
(b) Address 5142 Daggett Ave

19. (a) MAR 26 1940 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1940 hour 10:15 PM minute M.

21. I hereby certify that I attended the deceased from January 16th, 1940, to Mar 25th, 1940; that I last saw her alive on Mar 25, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Incompetency

Due to Chronic Catarrhal Enteritis

Due to

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration

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 [signature] (M. D. or other)
Address 4607 Easton Av Date signed 3-26-40

(Licensed Embalmer's Statement on Reverse Side)

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 Calcaterra

Licensed Embalmer No. 2376

P. O. Address 3142 Daggett

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

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