

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.

 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

 State File No. **17259**
 Registrar's No. **4737**

 Registration District No. **791**

 Primary Registration District No. **1003**

1. PLACE OF DEATH:

 (a) County **St. Louis**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital # 1.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **12 days**
 (Specify whether
 In this community **45 years**
 years, months or days)

 3. (a) PRINT FULL NAME **Battista (Joe) Giliberti**

 3. (b) If veteran, name war **-----** 3. (c) Social Security No. **-----**

 4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

 6. (b) Name of husband or wife **Vita Giliberti** 6. (c) Age of husband or wife if alive **25** years

 7. Birth date of deceased **APRIL 25 1873**
 (Month) (Day) (Year)

 8. AGE: Years **67** Months **1** Days **4** If less than one day hr. min.

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

 10. Usual occupation **Butcher**

11. INDUSTRY OR BUSINESS

 12. Name **Pietro Giliberti**
 13. Birthplace **Terrasini Italy**
 (City, town, or county) (State or foreign country)

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

 16. (a) Informant's own signature **Rosalina J. Giliberti**
 (b) Address **711 Wash St.**

 17. (a) **Burial** (b) Date thereof **May 31, 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

 (c) Place: burial or cremation **Calvary Cemetery**

 18. (a) Signature of funeral director **P. Nicoli-Som**
 (b) Address **1150 No. Kingshighway**

 19. (a) **MAY 30 1940** (b) **J. J. Bucher**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **St. Louis** **25**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **711 Wash St.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **45** years.

MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month **May** day **29**, year **1940** hour **8:30** minute **A. M.**

 21. I hereby certify that I attended the deceased from **May 17**, 19**40**, to **May 29**, 19**40**

 that I last saw him alive on **May 29**, 19**40** and that death occurred on the date and hour stated above.

 Immediate cause of death **Chronic nephritis of kidneys**
due to **Hypertension**
 Due to:

Other conditions (Include pregnancy within 3 months of death)

 Major findings: Of operations **JK**
 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? _____

While at work (Specify type of place) (e) Means of injury _____

 23. Signature **J. J. Bucher M. D.** (M. D. or other)
 Address **1515 Lafayette** Date signed **5/29/40**

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.....

Arnold W. Schoene

Licensed Embalmer No.....

3864

P.O. Address.....

St. Louis, Mo.

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.