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

17994
Do not use this space.

b. JUN 13 1949

1. PLACE OF DEATH
(a) County Butler — Registration District No. 2 89
(b) Township — Primary Registration District No. 0 3007 — Registered No. 148
(c) City Poplar Bluff, Mo (d) Street No. ..... 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 Charles Vincent Giambellucca
(a) Residence, No. 514 529 Pinzer St. ..... (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: 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~~) Francis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12-1869

7. AGE: Years 70 — Months 7 — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. Shoe repair shop
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) Vallelunga Sicily

FATHER
13. NAME Frank Giambellucca
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palermo Sicily

MOTHER
15. MAIDEN NAME Lucile Gaeta
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palermo Sicily

17. INFORMANT (ADDRESS) Francis Giambellucca Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic DATE May 17 1940

19. FUNERAL DIRECTOR (NAME) Frank Funeral Serv
(ADDRESS) Poplar Bluff Mo

20. FILED 5-17 1940 O. L. Lutzinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1940 to 5-15, 1940
I last saw him alive on 5-15, 1940 Death is said to have occurred on the date stated above, at 8:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Chronic Myocarditis	

Other contributory causes of importance:
Parkinson's Disease
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) O. H. Clay, M. D.
(Address) Poplar Bluff Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

BOM-1-12-38 I X14025

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, ...

Grover W Green, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Grover W Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.