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REC'D MAR 25 1941 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4922

State File No.

1170

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2729 January Ave
(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) Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, MO.
(If outside city or town limits, write "RURAL")
(d) Street No. 2729 January Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

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3. (a) PRINT FULL NAME Anthony Ginocchio

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

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

6. (b) Name of husband or wife Anna Ginocchio 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 7/17/1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 16 If less than one day hr. min.

9. Birthplace St. Louis, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Retired

12. Name David Ginocchio

13. Birthplace Genova Italy
(City or county) (State or foreign country)

14. Maiden name Rose Salari

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

16. (a) Informant David Ginocchio

(b) Address 2729 January Ave

17. (a) Burial (b) Date thereof 2-6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bay View Cem

18. (a) Signature of funeral director Ray & Calcaterra

(b) Address 5142 Budget Ave

19. (a) FEB 4 1941 (b) J. W. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1941 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 16, 1941 to Feb 3, 1941
that I last saw him alive on Feb 3, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Hemorrhage
arteriosclerosis

Due to Chronic Intermittent
Hypertension

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy No

Duration
Underline the cause to which death should be charged statistically.

PHYSICIAN

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 Q

23. Signature Joseph M. Gurne (M. D. or other) _____

Address 508 N. Main St. Date signed 2/4/41

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

MOTHER FATHER

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 *Samuel Calcaterra*

Licensed Embalmer No. *2376*

P. O. Address *5142 Dagget*

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

If this body is not embalmed, fact should be so stated above.