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23159

FILED MAY 13 1941

STANDARD CERTIFICATE OF DEATH

12686  
3116

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's 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:  
BARNES HOSPITAL  
(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 Kentucky (b) County.....  
(c) City or town Mayfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 207 Broadway Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

3. (a) PRINT FULL NAME Ralph Chiatto  
3. (b) If veteran, name war Worlds War  
3. (c) Social Security No. 402-09-9016

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 8  
year 1941 hour 8 minute 26 a. M.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fausta Piazza  
6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased Jan. 17. 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 25 19 41 to April 8 19 41  
that I last saw him alive on April 8 19 41  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
50 2 22  
hr. min.

Immediate cause of death Carcinoma of sigmoid colon, inoperable, with liver metastasis

9. Birthplace Italy  
(City, town, or county) (State or foreign country)  
10. Usual occupation Laborer

Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations.....  
Of autopsy As above

MOTHER FATHER  
11. Industry or business.....  
12. Name Genaro Chiatto  
13. Birthplace Italy  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine Chiatto  
15. Birthplace Italy  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Fausta P. Chiatto  
(b) Address St. James mo.  
17. (a) Burial (b) Date thereof 4. 12. 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. James MO.

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.....

18. (a) Signature of funeral director Emil Calcaterra  
(b) Address 5142 Daggert Ave  
19. (a) APR - 9 1941  
(Date received local registrar) (Registrar's signature)

23. Signature F. P. Bradley (M. D.)  
Address BARNES HOSPITAL Date signed 4-8-41

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

**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. Calcutera*

Licensed Embalmer No. 2376

P. O. Address 5742 Dagget

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, fact should be so stated above.