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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 24 1942

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: St. Johns 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 Missouri (b) County _____

(c) City or town St. Louis, MO.
(If outside city or town limits, write "RURAL")

(d) Street No. 4920 Botanical Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Robert Joseph Guidici

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 6, year 1942 hour 6 minute 45 A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased I2. 24. 41
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 24, 1941, to Jan. 6, 1942 that I last saw him alive on Jan. 5, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days I3 If less than one day _____ hr. _____ min.

Immediate cause of death Congenital cardiac anomaly

Due to _____

Due to _____

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

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Arther Guidici

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

14. Maiden name Caroline Galli

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

Major findings: Of operations _____

Of autopsy _____

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

16. (a) Informant Arther Guidici

(b) Address 4920 Botanical Ave

17. (a) Burial (b) Date thereof I. 7. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem.

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? _____

18. (a) Signature of funeral director Paul C. Calcestra

(b) Address 5142 Daggett Ave

19. (a) JAN 6 1942 (b) J. A. Gredek
(Date received local registrar) (Registrar's signature)

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

23. Signature Chas. Montani (M. D. or other) M.D.

Address 5147 Daggett Ave Date signed 1-6-42

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.....

Samuel Calcaterra

Licensed Embalmer No. 2376

P. O. Address.....

5142 Daggitt

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.