

FILED AUG 25 1942

318791

Registration District No. \_\_\_\_\_ Primary Registration District No. 1803

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether  
In this community 32 years.  
years, months or days)

3. (a) PRINT FULL NAME Anthony Guastella

3. (b) If veteran, name war World War 3. (c) Social Security No. 488 093042

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 25 1892  
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 21 If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Raffael Guastella  
13. Birthplace Italy  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Russo  
15. Birthplace Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Guastella  
(b) Address 6805 Dale Av

17. (a) Burial (b) Date thereof Aug. 19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director P. Nicol - son  
(b) Address 1150 N. Kingshighway Blvd.

19. (a) AUG 18 1942 (b) J. F. Braddock  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6805 Dale Ave  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day 16th  
year 42 hour 4 minute 23 P.M.

21. I hereby certify that I attended the deceased from 8-10-42  
\_\_\_\_\_ 19\_\_\_\_ to 8-16 1942;

that I last saw him alive on 8-16 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Lobar

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 5

23. Signature PB Cappi (M. D. or other) MD  
Address 3284 Franklin Date signed 8-17-42

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

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AUG 25 1942

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**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, fact should be so stated above.**