

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5246**

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(c) Name of hospital or institution 2203 Macklind
(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

3. (a) PRINT FULL NAME

John Garavaglia

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

(b) Name of husband or wife Rose Chiodini

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased March 22 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Italy (City, town, or county) (State or foreign country) 5

10. Usual occupation laborer

11. Industry or business laborer

12. Name Carlo Garavaglia

13. Birthplace Italy (City, town, or county) (State or foreign country) 5

14. Maiden name Stecera

15. Birthplace Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant Mrs Rose Garavaglia
(b) Address 2203 Macklind Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year) (c) Place: burial or cremation New St Peter's

18. (a) Signature of funeral director Paul C. Catalera
(b) Address 5142 Daggert Ave
JUN 7 1943 (Date received local registrar)

19. (a) J.F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town St Louis
(d) Street No. 2203 Macklind
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 of year 1943 hour 9 minute 05 P.M.

21. I hereby certify that I attended the deceased from November 14, 1942 to June 6, 1943, that I last saw him alive on June 6, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver Duration 1 yr.

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

Major findings: Of operations _____
Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____
(Specify type of place) _____
(e) Means of injury: _____

23. Signature Charles Montani (M. D. or other) M.D.
Address 5147 Daggert Ave (10) Date signed 6-7-43

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

Paul C. Calcaterra

Licensed Embalmer No.

2376

P. O. Address

5147 Daguer

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.