

S. No. 2  
M-2-43  
5-17-38  
1-1-38

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26689

State File No.

AUG 30 1943

Registration District No. 318

Primary Registration District No. 1000

Registrar's No.

7564

1. PLACE OF DEATH:

(a) County St. Louis Mo.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Sanitarium 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yrs. 1 mo. 8 ds  
In this community 20 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9/13  
(d) Street No. 2707 January Ave  
(If rural, give location)  
(e) Citizen of foreign country? Yews (Yes or No)  
If yes, name country Italy 0

3. (a) PRINT FULL NAME An drew Guarino

3. (b) If veteran, name war no 3. (c) Social Security No. 492-01-6415

4. Sex male 5. Color or white 6. (a) Single, widowed, married, divorced mar. /

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 1896 years

7. Birth date of deceased April 7, 1896  
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 15 If less than one day hr. min.

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

10. Usual occupation Shoe worker

11. Industry or business

12. Name Joseph Guarino

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

14. Maiden name Mary Privitera

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

16. (a) Informant Thelma Singler

17. (a) burial (b) Date thereof 8-25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Tarf C. Calceatera  
(b) Address 5142 Daggett Ave

19. (a) AUG 24 1943 (b) Registrar's signature J. F. Brubaker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22, 1943 hour 5.10 a. minute  M.

21. I hereby certify that I attended the deceased from 8-10-38 1938 to 8-22-43 1943

that I last saw him alive on 8-21-43 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration  
Contr. Syphilis 1938x

Due to

Due to

Other conditions (Includes 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  
23. Signature Anthony K. Busch (M. D. or other)  
Address 5300 Arsenal Date signed 8/23/43

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

MOTHER FATHER

0 1 1 0

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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.....

*J. Allen Davis*

Licensed Embalmer No. *453*

P. O. Address.....

**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.**