

No. 2  
-8-13  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29377

State File No. \_\_\_\_\_

FILED SEP 30 1944 8

Primary Registration District No. 1003

Registrar's No. 7984

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:  
1726 Wagoner Pl.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 32 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1726 Wagoner Pl.  
(If rural, give location)  
 (e) Citizen of foreign country? yes (Yes or No)  
 If yes, name country Italy

3. (a) PRINT FULL NAME Angelina Stallone Guasto

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Andrea 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January 14 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 8 1 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name Pietro Stallone

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

14. Maiden name Rubina Giovanna

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

16. (a) Informant Ancheia Guasto

(b) Address 1726 Wagoner

17. (a) Burial (b) Date thereof Sept. 19-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli - Sons

(b) Address 1150 N. Kingshighway Blvd.

19. (a) SEP 18 1944 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15th  
 year 44 hour 7 minute 30P M.

21. I hereby certify that I attended the deceased from 1st 1944, to Sept 15th 1944  
 that I last saw her alive on Sept 14th 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic myocarditis

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  
 23. Signature Clayce B. Kerner (M. D. or other) MD  
 Address 706 Walton Date signed 9/18/44

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

MOTHER FATHER

844

(Licensed Embalmer's Statement on Reverse Side)

**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*

*S.A.* 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.**