

STANDARD CERTIFICATE OF DEATH

21771

State File No.

Registrar's No.

6320

FILED AUG 11 1945 318

Primary Registration District No. 1003

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:
4060 Washington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 20 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL") 4/19
(d) Street No. 4060 Washington Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Anton Chiotti.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0 5. Color or race W. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Lucia Chiotti. 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased October 14, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 17 If less than one day hr. min.

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

10. Usual occupation Coal Miner.

11. Industry or business

MOTHER FATHER { 12. Name John Chiotti.
13. Birthplace Italy. (City, town, or county) (State or foreign country)
14. Maiden name Rosa Varese.
15. Birthplace Italy. (City, town, or county) (State or foreign country)

16. (a) Informant Lucia Chiotti.
(b) Address 4060 Washington Ave.

17. (a) Burial. (b) Date thereof Aug. 4, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calyvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) AUG 3 1945 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1st. year 1945 hour 9 minute 25 p. M.

21. I hereby certify that I attended the deceased from 6-10 1945 to 8-1-45 1945 and that death occurred on the date and hour stated above.
7-31-45

Immediate cause of death

Coronary Myocarditis?

Due to Hypertension +

Due to Hypertension + heart.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

93

Of autopsy

Duration

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?

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

23. Signature J. W. D. [unclear] (M. D. or other) H. Clair Address Date signed 8/2/45

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

2000-08-27

Staley Marshall

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 Staley Marshall

Licensed Embalmer No. 7868

P. O. Address. 3840 Lindell

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.