

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED SEP 14 1945
318

STANDARD CERTIFICATE OF DEATH
1003

25707
State File No. 7936
Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3751a Potomac Street /
(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

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")
(d) Street No. 3751a Potomac Street 916
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT Mary Gugliano
FULL NAME
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sep. day 9
year 1945 hour 11 minute 35 A. M.
21. I hereby certify that I attended the deceased from 9/5/45
_____, 19____, to 9/9/45, 19____;
that I last saw her alive on 9/9/45, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Guisepppe 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Jan. 1 1868
(Month) (Day) (Year)

Immediate cause of death
Uraemia 4 days
Due to Arterio-sclerosis 1 yr.
Due to Myocarditis 1 yr
Chronic Nephritis 1 yr
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
77 8 8 _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Italy (State or foreign country)
Housewife

10. Usual occupation
11. Industry or business
12. Name Anthony Basile
13. Birthplace Italy (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (State or foreign country)

16. (a) Informant Guisepppe Gugliano
(b) Address 3751a Potomac St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep. 12, 1945
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Walter Gelder
(b) Address 3634 Gravois Ave.
19. (a) SEP 11 1945 (Date received local registrar) (b) J. Speed (Registrar's signature)

While at _____ (Specify type of place) (2) Means of injury 0
23. Signature Elmer Simpson (M. D. or other) M.D.
Address 3739 Gravois Date signed 9/10/45

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

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 Robert C. Wheeler
Licensed Embalmer No. 2128
P. O. Address Stouffville

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.