

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
9 1946  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25250  
6735  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St Louis  
(b) City or town St Louis  
(c) Name of hospital or institution: 5323 Buehoff  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Bar  
(c) City or town St Louis  
(d) Street No. 5323 Buehoff  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Angelo Grassi  
(b) If veteran, name war no (c) Social Security No. 489-01-5502

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 31 year 1946, hour 10 minute A. M.  
21. I hereby certify that I attended the deceased from Dec. 4, 1944 to July 31, 1946  
that I last saw him alive on July 30, 1946  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color white 6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Caroline Tappella (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb 18 1886  
(Month) (Day) (Year)

Immediate cause of death Adeno carcinoma of stomach  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: adeno carcinoma  
Of operations Gastric resection 12-14-44  
Autopsy \_\_\_\_\_

8. AGE: Years 60 Months 5 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Italy (City, town, or county) (State or foreign country)

Duration 2 yr.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Laborer  
11. Industry or business \_\_\_\_\_  
12. Name Joseph Grassi  
13. Birthplace Italy  
14. Maiden name Josephine Tappella  
15. Birthplace Italy

27. 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 \_\_\_\_\_

16. (a) Informant Mrs. Caroline Grassi  
(b) Address 5323 Buehoff Ave  
17. (a) burial (b) Date thereof Aug 3 1946  
(c) Place: burial or cremation New St. Peter's Church  
18. (a) Signature of funeral director Joseph Calciatore  
(b) Address 5142 Daggett Ave  
19. (a) AUG 1 1946 (b) J. J. Medeck

Signature Charles Montani (M. D. or other) 920  
Address 5147 Daggett Ave Date signed 8-1-46

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

*Paul C. Culaterra*

Licensed Embalmer No. 2376

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.**