

No. 2
1-2-33
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

32182

State File No. _____
Registrar's No. **8348**

FILED OCT 7 1946
318

Registration District No. _____ Primary Registration District No. _____

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:
1517 No. 14th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **60 years**
years, months or days)

3. (a) PRINT FULL NAME **GIACOMO SCALISE**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Fillipa**
6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **March July 25 18-- 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 -6--2 -14² hr. min.

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

10. Usual occupation **Retired Fruit Dealer**

11. Industry or business **Self**
Name **Joseph Scalise**

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

13. Maiden name **Salvatora Catalano**
Birthplace **Italy**
(City, town, or county) (State or foreign country)

16. Informant **Frank P. Sealine**
Address **5808 Saloma**

17. (a) **Burial** (b) Date thereof **Sept 30, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Bensiek, Melhaus**

(b) Address **1431 Union Blvd.**

19. (a) **SEP 29 1946** (b) **J. J. Branca**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1517 No. 14th St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **27**
year **1946** hour **9** minute **15** A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

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

Immediate cause of death **Coronary Thrombosis**

Due to **Jaundice**

Due to **Heart**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
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 action)
(e) Means of injury **3**

23. Signature **J. J. Branca** (M. D. or other) _____
Address _____ Date signed **9/27/46**

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

MOTHER FATHER
BY AFF. JAN 16 1946
Hullens, J. J.

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 Frank H. Michau

Licensed Embalmer No. 2915

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Wayne } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 8348

On this 14th day of October, 1946, before me appears Frank Sealise, who, upon his oath, states that the original record of birth for Guasomo Sealise died 9-27, 1946, in the State of Missouri, and which was filed at on 19....., should be corrected as follows:

Item No. 7 should read July 25 - 1864

Instead of Mar 13 - 1864

Item No. 8 should read 82 - 2 - 20

Instead of 82 - 6 - 14

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank A. Sealise Relationship. Informant

5808 Soloma

Present Address.

Subscribed and sworn to before me this 14th day of October, 1946

My Commission expires Oct 4, 1950 Philip Alexander Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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