

S. No. 2
OM-543
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED DEC 9 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **38632**
Registrar's No. **10043**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **Saint Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Alexian Brothers Hospt.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **0**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County _____
(c) City or town **Saint Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3508 Pennsylvania Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Albert Gigi.**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married.**
6. (b) Name of husband or wife **Annie**
6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **November 1 1872.**
(Month) (Day) (Year)

8. AGE: Years **74** Months **0** Days **22**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retirer Cooper**

11. Industry or business _____

MOTHER FATHER {
12. Name **Jacob Gigi**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Katherine Connelly**
15. Birthplace **Belgium**
(City, town, or county) (State or foreign country)

16. (a) Informant **Annie Gigi**
(b) Address **3508 Pennsylvania Ave.**

17. (a) **Burial** (b) Date thereof **Nov. 26, 1946.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cemetery.**

18. (a) Signature of funeral director **Ziegenhain Bros,**
(b) Address **6409 Gravois Ave.**

19. (a) **NOV 25 1946** (b) **J. F. Bredeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **23rd,**
year **1946.** hour **6** minute **50 P. M.**
21. I hereby certify that I attended the deceased from **Sept 1945**
1945 to **11-23-46** 19**46**
that I last saw him alive on **11-23-46** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Coma**
Due to **Diabetes**
Due to **Diabetes**
Other condition **Chronic Endocarditis**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____

23. Signature **A. F. Plog** (M. D. or other) **M.D.**
Address **3150 Morganford** Date signed **11/24/46**

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

37447

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 Homer W. Fritz
Licensed Embalmer No. 3882

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.