No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43053

Registrar's No. 12038

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: Mo. Baptiste Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis 96

(c) City or town Mehville 0
(If outside city or town limits, write "RURAL")

(d) Street No. Mehville Mo. 0
(If rural, give location)

NR

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joseph Gioia

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 CAROLINE CALCATERRA

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 12 (Day) 1869 (Year)

8. AGE: Years 78 Months 2 Days 17 If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Father's name Martino

12. Name MARTAIN GIOIA

13. Birthplace ITALY (City, town, or county) (State or foreign country)

14. Maiden name MARIA Zocchi

15. Birthplace ITALY (City, town, or county) Cuggiono (State or foreign country)

16. (a) Informant Mrs. CAROLINE GIOIA

(b) Address Mehville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3 1948 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Paul C. Calcaterra

(b) Address 5142 Daggett Ave

19. (a) DEC 31 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1947 hour 7 minute 0 P.M.

21. I hereby certify that I attended the deceased from Dec 23, 1947 to Dec 29 1947 that I last saw him alive on Dec 29 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	7 days
Due to Arteriosclerosis	4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. S. Heuze M.D.

Address 4622 Mo Taylor Date signed 12/31/47

Car Injury 12-20-47 Hospital

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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. Calcatura.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 43053-47
Local Registrar's No. 12038

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Joseph Giova, died ~~born~~ 12-29, 1947, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 6 should read Caroline Calcaterra
Instead of .....

Item No. 9 should read Cuggiono Italy
Instead of .....

Item No. 12 should read Martino Gioia
Instead of .....

Item No. 13 should read Cuggiono Italy
Instead of .....

Item No. 14 should read Maria Zocchi
Instead of .....

Item No. 15 should read Cuggiono Italy
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)

X Paul C Calcaterra Fun. direc.
Affiant Relationship.

5142 Doggett
Present Address.

Subscribed and sworn to before me this 18 day of Aug, 1949

My Commission Expires March 4th, 1953

My Commission expires ..... Ira C. Paddock Notary Public.

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

n V. S. 135
M—8-43
I X37817