S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1948

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10227

Registrar's No. 3141

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 52 years
years, months or days)

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. 4656 Cottage
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME Agheta (Ida) Guardalabene

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Andrew

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

7. Birth date of deceased December (Month) 24 (Day) 1864 (Year)

8. AGE: Years 83 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Peter Teresi
13. Birthplace Termini (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Rose
15. Birthplace Termini (City, town, or county) Italy (State or foreign country)

16. (a) Informant Mrs. William Manna
(b) Address 4656 Cottage

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P. Miceli & Sons
(b) Address 1150 N. Kingshighway

19. (a) MAR 31 1948 (Date received local registrar) (b) J. F. Brinck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1948 hour 5 minute 460 M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left femur Arteriosclerosis when she fell to the floor at her home

Duration

Due to Febr. 27 1948 about 1000 O'clock A.M.

Due to

Other conditions
(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) Accident

(b) Date of occurrence Febr 27 1948

(c) Where did injury occur? N Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work? (e) Means of injury A above

23. Signature Patrick E Taylor (M.D. or other) Dep Cor
Address 1300 Clark Date signed 3-31-48

(Licensed Embalmer's Statement on Reverse Side)

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 Anthony J. Miceli

Licensed Embalmer No. 4277

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.