

No. 300  
1-10-47  
5-17-39  
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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27620

FILED AUG 23 1948  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6980

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

1. PLACE OF DEATH:

(a) County..... St. Louis

(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Alexian Brothers Hospital 0  
(If not in hospital or institution, write street number or location)

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

3: (a) PRINT FULL NAME George Cucchi

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..... Widowed

6. (b) Name of husband or wife..... Rosa Cucchi

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

7. Birth date of deceased..... January 13 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86	6	25	hr. min.
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9. Birthplace..... Unknown Italy 5  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired

11. Industry or business.....

MOTHER FATHER

12. Name Fortunino Cucchi

13. Birthplace..... Italy 5  
(City, town, or county) (State or foreign country)

14. Maiden name..... Angeline Binigi  
(City, town, or county) (State or foreign country)

15. Birthplace..... Italy 5  
(City, town, or county) (State or foreign country)

16. (a) Informant..... George Cucchi

(b) Address..... 6322 Virginia ave.

17. (a) Burial (b) Date thereof Aug. 11-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Mt. Olive Cemetery

18. (a) Signature of funeral director..... C. Hoffmeister U. & L. Co.

(b) Address..... 7814 S. Broadway

19. (a) AUG 9 - 1948 (b) J. F. Bredet  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000

(c) City or town..... St. Louis 17  
(If outside city or town limits, write "RURAL")

(d) Street No. 6322 Virginia 9  
(If rural, give location)

(e) Citizen of foreign country?..... no (Yes or No) 0

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8  
year 1948 hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from 1 AUG  
1948 to 7 Aug 1948  
that I last saw him alive on 7 AUG 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Uræmia

Duration 1 wk.

Due to..... Chronic nephritis 10 yrs

Due to.....

Other conditions..... 131  
(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..... S. Dworkin (M. D. or other) MD

Address..... 1657 So Grand Date signed 9 Aug

1657 S Broad  
1-3 PM  
On 6200

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**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 James C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

**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.**