

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43227
Registrar's No. 04751

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		State File No. 43227		Registrar's No. 04751	
1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural: Airport home</u>		c. LENGTH OF STAY (in this place) <u>18 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>5531 IDAHO ST. LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>5531 IDAHO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWSH SANATORIUM</u>				e. STREET ADDRESS (If rural, give location) <u>5531 IDAHO</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u>		b. (Middle) <u>MARY</u>		c. (Last) <u>Del Gaudio</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 22 1949</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>SEPT 22 1909</u>		9. AGE (In years last birthday) <u>48</u>	if UNDER 1 YEAR Months <u>3</u>	if UNDER 4 HRS. Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>MICHAEL DEL GAUDIO</u>			13b. MOTHER'S MAIDEN NAME <u>Ivory Cucco</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-09-4366</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank del Gaudio 5531 Idaho</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma of lungs</u> DUE TO (c) <u>Carcinoma of breast</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>about 2 years</u> <u>about 3 years</u>	
19a. DATE OF OPERATION <u>May 1947</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of breast</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>170X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>December 5 1949</u> , to <u>Dec 22 1949</u> , that I last saw the deceased alive on <u>December 22, 1949</u> , and that death occurred at <u>7:15 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Shepherd W. D. (A)</u>				23b. ADDRESS <u>Jewish Sanatorium Rte. 100 Road, Robertson, Mo.</u>				23c. DATE SIGNED <u>12/22/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST PETER & PAUL</u>		24d. LOCATION (City, town, or county) (State) <u>7030 GRAVOIS, Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-22-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Zugenheim Bros. 6409 Gravois</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

96
00
00

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry G. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.