

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31662**

FILED OCT 5 1950

318

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **8051**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8051			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2137			
d. FULL NAME OF HOSPITAL OR INSTITUTION St John Hospital				d. STREET ADDRESS (If rural, give location) 5312 Weber St				13	
3. NAME OF DECEASED (Type or Print) ROSA GIOIA			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 9-20-1950			
5. SEX female	6. COLOR OF RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Mar 11 1889		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? 5			
13a. FATHER'S NAME Carlo Saravaglia			13b. MOTHER'S MAIDEN NAME Marietta			14. NAME OF HUSBAND OR WIFE Louis Gioia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mary Berane		ADDRESS St Louis			
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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post-operative duodenal fistulae and sepsis and wound infection. ANTECEDENT CAUSES Chronic duodenal ulcer Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) gastric resection						INTERVAL BETWEEN ONSET AND DEATH 17 days 24 days		
19a. DATE OF OPERATION 8-28-50	19b. MAJOR FINDINGS OF OPERATION Chronic duodenal Ulcer - Pyloric obstruction						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) _____					
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? 5H.O					
22. I hereby certify that I attended the deceased from 2-22, 1949 , to 9-20, 1950 , that I last saw the deceased alive on 9-20, 1950 , and that death occurred at 11 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Charles Montani M.D.				23b. ADDRESS 5147 Daggett Ave		23c. DATE SIGNED 9-21-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE Sept 23 1950	24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St Louis MO				
DATE REC'D BY LOCAL REG. SEP 23 1950		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE Carl Calcaterra		ADDRESS _____			

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed Paul C. Calcaterra

Signed.....
Student Embalmer

Licensed Embalmer No. 2376

P. O. Address 5142 Bayget

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.