

FILED JAN 19 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2571  
159  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2571 159		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i> 2139							
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>ST. JOHN HOSPITAL</i>				e. STREET ADDRESS (If rural, give location) <i>2106 Sublette</i>							
3. NAME OF DECEASED (Type or Print) a. (First) <i>ROSE</i>			b. (Middle) _____			c. (Last) <i>GUALDONI</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>JAN. 7 1951</i>		
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 11, 1890</i>			9. AGE (In years last birthday) <i>60</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <i>Italy</i> 5			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13a. FATHER'S NAME <i>John Maschetti</i>			13b. MOTHER'S MAIDEN NAME <i>Theresa</i>			14. NAME OF HUSBAND OR WIFE <i>Louis Gualdoni</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>no</i>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Louis Gualdoni 2106 Sublette</i>					
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) <i>Chronic glomerular Nephritis (Woman)</i> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic Hypertension</i> DUE TO (c) <i>cardiovascular renal disease</i> 10 year II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Diabetes Mellitus</i> 17 year									
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <i>SUICIDE - HOMICIDE</i>		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) (Min.) _____					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>442 X</i>									
22. I hereby certify that I attended the deceased from <i>9-4-16, 1933</i> to <i>Jan 7, 1951</i> , that I last saw the deceased alive on <i>Jan 7, 1951</i> , and that death occurred at <i>3:30 p.m.</i> , from the causes and on the date stated above.											
23a. SIGNATURE <i>Charles Monahan, MD</i> (Degree or title)						23b. ADDRESS <i>5147 Daggette</i>			23c. DATE SIGNED <i>1-8-51</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>Jan 10, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo.</i>					
DATE REC'D BY LOCAL REG. <i>JAN 8 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Farsten</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul C. Calcutum</i>		ADDRESS <i>5147 Daggette</i>				

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

**STATEMENT BY LICENSED EMBALMER**

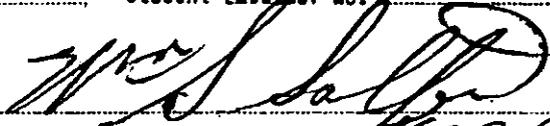
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4699

P. O. Address St. Charles, Mo.

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.