

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 4 1951

14943
State File No. 3861

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	<u>2139</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2119 Marconi</u>		e. STREET ADDRESS (If rural, give location) <u>2119 Marconi</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Giovanni</u>		b. (Middle) <u>Gappala</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>4-22-51</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 11 1876</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Italy</u>		5		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

13a. FATHER'S NAME <u>Salvatore Gappala</u>		13b. MOTHER'S MAIDEN NAME <u>Maria</u>		14. NAME OF HUSBAND OR WIFE <u>Rosaria Gappala</u>	
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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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lena Fusco</u>		ADDRESS <u>St. Louis</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>advanced arteriosclerosis</u> DUE TO (c) <u>old age</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>321X</u>

22. I hereby certify that I attended the deceased from September, 1947, to April 22, 1951, that I last saw the deceased alive on April 23, 1951, and that death occurred at 8 a.m., from the causes and on the date stated above.

23. SIGNATURE <u>Maximilian Weitzman M.D.</u>	(Degree or title)	23b. ADDRESS <u>3530 ARSENAL, St. Louis</u>	23c. DATE SIGNED <u>4-23-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Apr 26 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis mo</u>

DATE REC'D BY LOCAL REG. <u>APR 24 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Rosser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Calcaterra</u>	ADDRESS <u>5140 Daggett</u>
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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 me

working under my personal supervision.

Student Embalmer No.

Signed

Wm. S. [Signature]

Signed.....

Student Embalmer

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.