

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39074

FILED DEC 15 1951

State File No. 10.864
Registrar's No. 10864

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2016 Prather Street.			d. STREET ADDRESS (If rural, give location) 4 2016 Prather		
3. NAME OF DECEASED (Type or Print) CARMELLA GUGLIEMUGGI			4. DATE OF DEATH (Month) (Day) (Year) 12-6-51		
a. (First)	b. (Middle)	c. (Last)	5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH ?	9. AGE (In years last birthday) 75?	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Italy 5	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Peter DiMichele
13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Angelo	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Joseph Meoli-2016 Prather Ave. ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crownary Heart Disease INTERVAL BETWEEN ONSET AND DEATH 2 year ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	19c. CITY, TOWN, OR TOWNSHIP _____	19d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	19e. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	19f. HOW DID INJURY OCCUR? 4201
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	21. SIGNATURE (Degree or title) Thomas A. Del Negro	22. I hereby certify that I attended the deceased from Dec. 4 1951, to Dec. 6 , 1951, that I last saw the deceased alive on Dec. 4 , 1951, and that death occurred at 5 a. m. , from the causes and on the date stated above.	23a. ADDRESS 7346 Hawthorne	23b. DATE SIGNED 12-6-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-10-51	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. DEC 7 1951	REGISTRAR'S SIGNATURE Charles Smith MR	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calcaterra-5140 Daggett Ave			

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

J. Wm. Dinsley

Licensed Embalmer No.

3653

P. O. Address.....

St. Louis, 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.