

STANDARD CERTIFICATE OF DEATH

State File No.

3130

0349

FILED JAN 28 1953

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
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		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5867 NINA PLACE				d. STREET ADDRESS (If rural, give location) 5867 NINA PL.			
3. NAME OF DECEASED (Type or Print) Mr HUMBERT S		a. (First)		b. (Middle)		c. (Last) GHIO	
4. DATE OF DEATH		1		12		53	
5. SEX 0	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1890		9. AGE (In years last birthday)		10. MONTHS
MALE	WHITE	MARRIED	JUNE 15, 1890		62		11. HOURS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
DENTIST		DENTIST		St. Louis, Mo.		0	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
JAMES MICHAEL GHIO		AMALIA CIMIO		MARY E. SUGARMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
				Mrs Mary Ghio 5867 Nina Pl. St. Louis			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Crown Occlusion				1 day	
ANTECEDENT CAUSES		Crown Abscess					
*This does not mean the manner of dying, such as heart failure, asthma, etc., nor does it mean the direct injury, or complication which caused death.		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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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?		4201	
22. I hereby certify that I attended the deceased from Nov 1, 1952, to Jan 12, 1953, that I last saw the deceased alive on Jan 4, 1953, and that death occurred at 3 a. m., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Tavan M.D. (Degree or title)				23b. ADDRESS 539 N. Grand St. St. Louis		23c. DATE SIGNED 1/12/53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1/12/53		24c. NAME OF CEMETERY OR CREMATORY Calvary C.M.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. JAN 13 1953		REGISTRAR'S SIGNATURE J. C. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5166 Belmont St. St. Louis			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed M. W. R. [Signature]

Licensed Embalmer No. 4865

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of _____ }
County of _____ } ss.

State File No. 31301
Local Registrar's No. 349

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 195____, before me appears _____

for Dr. Hubert S. Ghio, who, upon _____ oath, states that the original record of birth death
died 1-12
born _____, 1953 in the State of

Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read 6-15-1890

Instead of _____ 1893

Item No. 9 should read ages 62

Instead of _____ 59.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Mary S. Ghio Inf.
5867 N. Main Pl Relationship.

Present Address.

Subscribed and sworn to before me this 19 day of Feb, 1953

My Commission expires 3-4-53 Ellen C. Jaddock Notary Public.

S-3130