

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

34514

State File No.

FILED OCT 2 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2347

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>2189</u>		
b. CITY OR TOWN <u>RICHMOND HEIGHTS 5 Mo.</u>		c. LENGTH OF STAY (In this place) <u>5 Mo.</u>	c. CITY OR TOWN <u>ST. LOUIS</u>		d. STREET ADDRESS (If rural, give location) <u>4235 LACLEDE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>4235 LACLEDE</u>		
3. NAME OF DECEASED (Type or Print) <u>OLGA - GAZZOLA</u>			a. (First)	b. (Middle)	c. (Last)
5. SEX <u>FEMALE</u>			6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR. 16 1890</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOW—House work</u>			9b. KIND OF BUSINESS OR INDUSTRY <u>AT Home</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN GAZZOLA (DECD)</u>		
13a. FATHER'S NAME <u>JACOB SCHAT</u>		13b. MOTHER'S MAIDEN NAME <u>KATIE KLINE</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN GAZZOLA (DECD)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>AUGUST SCHAT</u>	
(If yes, give war or dates of service)		(If yes, give war or dates of service)		ADDRESS <u>3451 Wyoming</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Cancer of Lung</u>			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) <u>Metastasis to brain</u> <u>1 Year</u>		
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)		162X
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?		
22. I hereby certify that I attended the deceased from <u>Aug 24, 1953</u> to <u>Sept 1, 1953</u> that I last saw the deceased alive on <u>Sept 1, 1953</u>, and that death occurred at <u>11:35 Am.</u>, from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Malcolm B. Bawiec MD</u>			23b. ADDRESS <u>466 S. Maryland</u>		23c. DATE SIGNED <u>Sept 2 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Sept 4 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo.</u>
DATE REC'D BY LOCAL REG. <u>9/2/53</u>		REGISTRAR'S SIGNATURE <u>Walter B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Rutis</u>	
(If licensed Embalmer's Statement on Reverse Side)		ADDRESS <u>2906 ...</u>		ADDRESS	

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Leo J. Budde

Licensed Embalmer No. _____

3989

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.