

STANDARD CERTIFICATE OF DEATH

State File No. **40530**  
Registrar's No. **11005**

FILED DEC 4-1953

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

3

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>St. Louis,</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>5439 O'dell Ave.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Natale</b>	b. (Middle)	c. (Last) <b>Gualdoni</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 19, 1953</b>
-------------------------------------	--------------------------	-------------	---------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 17, 1885.</b>	9. AGE (In years last birthday) <b>67.</b>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Italy</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Giovanni Gualdoni</b>	13b. MOTHER'S MAIDEN NAME <b>Theresa Crispi</b>	14. NAME OF HUSBAND OR WIFE <b>Maria Gualdoni,</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	(If yes, give war or dates of service) <b>Nil.</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Maria Gualdoni, 5439 O'Dell Ave.</b>	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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal Hemorrhage, Multiple Fractures, suffered when struck by truck operated by one Oliver Gabler at intersection of Southwest Sublette Ave., about 1:30 am. 11-19-53.</b>		
ANTECEDENT CAUSES (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
II. OTHER SIGNIFICANT CONDITIONS (c) <b>Whether the result of accidental means or criminal</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Coronary could not be determined</b>		YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT OR WHILE AT WORK <b>Open Road</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>000</b>
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? <b>E8120</b>

22. I hereby certify that I attended the deceased from 18, to 19, that I last saw the deceased alive on 19, and that death occurred at 145 P.m., from the causes and on the date stated above. 25

23a. SIGNATURE <b>Gabriel C. Taylor</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>11. 19. 53</b>
--	--------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>11-21-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery, St. Louis, County, Mo.</b>	24d. LOCATION (City, town, or county) (State)
--	---------------------------	---	---

DATE REC'D BY LOCAL REG. <b>NOV 19 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Calcaterra, 5140 Daggett Ave.</b>	ADDRESS
---	--	--	---------

**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.....  
Signature of Student Embalmer

Signed *James D. Dinkley*.....

Licensed Embalmer No.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.