

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED FILED JUN 2 1961

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4757** STATE FILE NUMBER **=61-019036**

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

|  |  |   |  |   |   |  |   |  |                        |  |
|--|--|---|--|---|---|--|---|--|------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |  |   |  |                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |  | Length of stay in 1b<br><b>31 days</b>  |  | c. CITY OR TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |  |                        |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Faith Hospital</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>4658 Pope Ave</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |                        |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>LEONARDO</b> Middle <b>GUCCIONE</b> Last   |  |   |  | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>18</b> Year <b>1961</b>   |   |  |   |  |                        |  |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>6/6/1881</b>   | 9. AGE (last birthday)<br><b>79 years</b>                             | IF UNDER 1 YEAR<br>Months  | IF UNDER 24 HR<br>Days  | IF UNDER 24 HR<br>Hours                          | IF UNDER 24 HR<br>Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Barber</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country)<br><b>ITALY</b>            |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |  |                        |  |
| 13a. FATHER'S NAME<br><b>Salvatore Guccione</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Leonarda Faugiana</b>                                |   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Pauline Guccione</b>   |   |  |                        |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  |   |  | 17. INFORMANT Address<br><b>Pauline Guccione - 4658 Pope Ave.</b>   |   |  |   |  |                        |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Uremia</b>  |  |   |  |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>72 hr</b> |                        |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  | DUE TO (b) <b>Chr. Nephrosclerosis</b>  |  |   |   |  |   | years  |                        |  |
|  |  | DUE TO (c) <b>446 TH</b>  |  |   |   |  |   |  |                        |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a).<br><b>Adenocarcinoma of Proctosigmoid</b>  |  |   |  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |                        |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                |   |  |   |  |                        |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.  |  | Month, Day, Year  |  |   |   |  |   |  |                        |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>NOT WHILE AT WORK <input type="checkbox"/>  |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION  |   | COUNTY   |   | STATE  |                        |  |
| 21. I attended the deceased from <b>April 24, 1961</b> to <b>May 18, 1961</b> and last saw <sup>her</sup> him alive on <b>5/18/61</b><br>Death occurred at <b>10A</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |   |  |   |  |                        |  |
| 22a. SIGNATURE (Degree or title)<br><b>M.A. Cassel, M.D.</b>   |  |   |  | 22b. ADDRESS<br><b>3400 N. Kings Highway</b>  |   |  |   | 22c. DATE SIGNED<br><b>5/19/61</b>               |                        |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   |  | 23b. DATE<br><b>May 22, 1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>                        |   | 23d. LOCATION (City, town, or county)<br><b>St. Louis</b>             |  | 23e. STATE<br><b>Missouri</b>   |  |                        |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>BUCHHOLZ MORTUARY-5967 W. Florissant Ave</b>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>MAY 19 1961</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Loed Smith, M.D.</b>   |   |  |                        |  |

BY AFFIDAVIT OF

**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 Reph T Linders

Licensed Embalmer No. 7275

P. O. Address At Home

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.