MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13212

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3772

City St Louis (No. Deaconess Hosp. St. ..... Ward)

2. FULL NAME Carmela Guitiniano

(a) Residence. No. 2922 Macklin St., 18 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mr. Guitiniano

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29 - 1880

7. AGE: Years 48 | Months 6 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House
(b) General nature of industry, business, or establishment in which employed (or employer): Wife
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Italy

PARENTS

10. NAME OF FATHER: Joseph Parente
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Italy
12. MAIDEN NAME OF MOTHER: Maria Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Italy

14. INFORMANT: Mr. Guitiniano
(Address) 2922 Macklin ave.

15. FILED MAR 28 1929 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch - 27 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch. 16 - 1929, to Mch - 27 - 1929, that I last saw her alive on Mch - 27 - 1929, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes - Mellitus
Chronic Cholecystitis
127B
59 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Acidosis due to Diabetes
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/23/29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) Cleveland W Shutt, M.D.
3/28, 1929 (Address) 305 Metropolitan Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Peter & Paul Cem
DATE OF BURIAL: Mar 30 1929

20. UNDERTAKER: Paul C. Calcaterra
ADDRESS: 1921 Cooper St

23
16
16
16

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD