

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.

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

Do not use this space.

FEB 2 1 1935

1. PLACE OF DEATH

County 110 Biddle St
Township St Louis mo
City..... (No. Home)

Registration District No. 791
Primary Registration District No. 1003

File No. 3283
Registered No. 581
St. Ward)

2. FULL NAME

Caterina Guccione
(a) Residence, No. 110 Biddle St. St. 25 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? 29 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE-OF Giuseppe Guccione

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 11 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heat.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terracine Italy

FATHER
13. NAME Salvalore Teracchiolo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terracine Italy

MOTHER
15. MAIDEN NAME Elenora Lafata

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terracine Italy

17. INFORMANT Sam. Guccione
(ADDRESS) 110 Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Jan 16 1935

19. UNDERTAKER Pasquale Nicoli
(ADDRESS) 1133 N. Kingshighway

20. FILED 15 1935 J. P. Bedeck Registrar.
10 a.m.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 22 1934, to Jan 14, 1935.
I last saw her alive on Jan 12, 1935. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Primary carcinoma of uterus & appendages of Carcinoma of uterus primary Date of onset

Other contributory causes of importance:

Sec. carcinoma

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) W. D. Bunker, M. D.
(Address) 2206 Howard St.

