

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH12583
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **St. Anthony Hosp.** Registered No. **3187**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Altorige Giuliani
 (a) Residence, No. **4442 W. Harrison Chicago Ill. CHICAGO ILLINOIS**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 26th. 1883**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 8 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Brick Contractor**
 9. Industry or business in which work was done, as 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) **Italy**13. NAME **Anthony Giuliani**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**15. MAIDEN NAME **Maria Ruberti**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**17. INFORMANT (ADDRESS) **August Giuliani 4442 W. Harrison St. Chicago Ill.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Vineland N.J.** DATE **April 5th 1938**19. FUNERAL DIRECTOR (ADDRESS) **William Schumacher 3013 Meramec Street**20. FILED **APR 4 1938** **J. D. Bucher** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 4th. 1938**22. I HEREBY CERTIFY, That I attended deceased from **1-20-38** to **4-4-38**I last saw him alive on **4-4-38** Death is said to have occurred on the date stated above, at **1/45 am**

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

Carcinoma of Esophagus, 6 mds. Calcified cysts of liver.

Other contributory causes of importance:

Cerebral Embolus 4/3/38

Name of operation **None** Date of **None**
What test confirmed diagnosis **Physician's** Was there an autopsy? **No**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 **None**(Signed) **J. D. Bucher** M. D.(Address) **3958 S. Grand St**

1007 Lafayette
3958 Blvd.
1-3-7-9

FORM C

STATEMENT BY LICENSED EMBALMER

I, FRED W. WETTIG, Licensed Embalmer No. 1534

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Fred W. Wettig

Licensed Embalmer No. 1534

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.)