

6580 JUL 12 1939

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

20562  
Do not use this page.

1. PLACE OF DEATH

(a) County..... / Registration District No. **791**  
(b) Township..... / Primary Registration District No. **1008**  
(c) City... of **St. Louis** / (d) Street No. **Desloge Hospital** Registered No. **5406**  
(e) Length of residence in city or town where death occurred **42** yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. **4405 Evans Ave.** St. **///** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **P.** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fred Bova**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 16, 1897**

7. AGE YEARS **41** MONTHS **9** DAYS **1** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Own home**  
10. Date deceased last worked at this occupation (month and year) **April, 1939** 11. Total time (years) spent in this occupation **21 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

FATHER 13. NAME **Andrew Guardalebene**

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

MOTHER 15. MAIDEN NAME **Ida Tresa**

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

17. INFORMANT (ADDRESS) **Fred Bova**  
**4405 Evans Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **6-20-39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arthur J. Donnelly**  
**3840 Lindell Blvd.**

20. FILED **JUN 18 1939** **J. D. Baedeker** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 17, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April 8, 1939** to **June 17, 1939**

I last saw him **or** alive on **June 17, 1939** Death is said to have occurred on the date stated above, at **9:07a.m.**

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

**Pelvic Cellulitis**  
**Pelvic Peritonitis**  
**Gangrene of Colon**  
*above conditions result of having pessary in uterus for 10 years & other contributing factors of uterus.*

Name of operation **Drainage** Date of **6/15/39**  
What test confirmed diagnosis? **139C** Was there an autopsy? **Yes**

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 ..... No.

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) **R. V. Boedeker** M. D.  
(Address) **1325 S. Grand**

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

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.

**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 by.....

....., Registered Apprentice N.....

working under my personal supervision.

Signed.....

*Alfred J. Boedeker*

Licensed Embalmer No. 2663

P. O. Address 4204 Baine

**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 this body is not embalmed, above space should be left blank.**