

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.

REG OCT 14 1939 791

Registration District No. 1003

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 2

(a) County \_\_\_\_\_

(b) City or town St. Louis, mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no  
(Specify whether years, months or days)

In this community 35 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 1

(c) City or town St Louis 13  
(If outside city or town limits, write "RURAL")

(d) Street No. 3307 Marconi  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? about 30 years.

3. (a) PRINT FULL NAME CHARLES GARAVAGLIA

8. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lena

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Nov 18 1907  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6<sup>th</sup>  
year 1939 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 1, 1931, to Sept 6<sup>th</sup>, 1939  
that I last saw him alive on Sept 6, 1939  
and that death occurred on the date and hour stated above.

8. AGE: Years 38 Months 8 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of Stomach  
Grade III  
Due to Metastasis to liver

Duration 2 1/2 yrs.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Italy  
(State, town, or county) (State or foreign country)

10. Usual occupation store keeper

11. Industry or business grocer

MOTHER FATHER

12. Name Anthony Garavaglia

13. Birthplace Italy  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Frattoni

15. Birthplace Italy  
(City, town or county) (State or foreign country)

Other findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Lena Garavaglia

(b) Address 2307 Marconi St.

17. (a) (Burial, cremation, or removal) \_\_\_\_\_

(b) Date thereof 9-21-39  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director Paul C. Caltabiano

(b) Address 84527 Dargrett Ave

19. (a) SEP (Date received local registrar)

(b) J. W. Bredek (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Charles Montani (M. D. MD)  
Address 1926<sup>A</sup> Marconi Ave Date signed 9-12-39

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Paul C. Calcaterra*

Licensed Embalmer No. *2376*

P. O. Address *5142 Daguerre*

**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.**