No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34

Registration District No. [illegible] FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 34

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1317
(If outside city or town limits, write "RURAL")

(d) Street No. 5014 Pattison Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles J. Giudici

3. (b) If veteran, name war None

3. (c) Social Security No. 497-09-6189

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucille Giudici

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May (Month) 1st (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
36	8	1	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Bartender

11. Industry or business

FATHER
12. Name Ernest Giudici
13. Birthplace (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Unknown Vincenzina
15. Birthplace (City, town, or county) Italy (State or foreign country)

16. (a) Informant Lucille Giudici
(b) Address 5014 Pattison Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) 1-3-41 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature) A44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd year 1941 hour 11:35 minute A.M.

21. I hereby certify that I attended the deceased from Dec. 12, 1940, to Jan. 2, 1941; that I last saw him alive on Jan. 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia lobar	2 days
Secondary anemia	
Due to Urethral stricture with retention	4 days
Due to Chronic alcoholism	10 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Joseph D. Ceri (M. D. or other)
Address 1462 N. Taylor Date signed 1/3/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Cieri
462 N. Taylor Fri. 4 7 11
11-1

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 Reinhold K Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

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, fact should be so stated above.