

FILED AUG 28 1941

Registration District No. 791Primary Registration District No. 1003

1. PLACE OF DEATH:

(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:
Park Lane Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community _____ years, months or days) Yes 1

3. (a) PRINT FULL NAME Louis Gualdoni3. (b) If veteran, name war NO 3. (c) Social Security No. 489-05-7484. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Pearline Gualdoni 6. (c) Age of husband or wife if alive 25 years7. Birth date of deceased 4 12 1910
(Month) (Day) (Year)8. AGE: Years 30 Months 3 Days 4 If less than one day hr. min.9. Birthplace St. Louis, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Bar Tender12. Name Angelo Gualdoni13. Birthplace Italy
(City, town, or county) (State or foreign country)14. Maiden name Giovanna Purichelli15. Birthplace Italy
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Pearline Gualdoni(b) Address 4722 Sacramento17. (a) Burial (b) Date thereof 7-19-41
(Burial, cremation, or removal) (City or town) (County) (State)(c) Place: burial or cremation New St. Peter's Church18. (a) Signature of funeral director Paul C. Calcestraz(b) Address 5142 S. 99th19. (a) JUL 17 1941 (b) J. H. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis, MO.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4722 Sacramento Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16
year 1941 hour 12 minute 15 P.M.21. I hereby certify that I attended the deceased from 6-25
1941, to 7-16, 1941.
that I last saw him alive on 7-16, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Uremic Poisoning Duration _____Due to Parenchymatous Nephritis 3 wks.
personal familyDue to _____ 14 yrs. - history

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None PHYSICIAN _____

Of autopsy _____ 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) Injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____

23. Signature E. R. W. Waters (M. D. or other) DOAddress 3700 - 7 - Grand Date signed 7-17-41

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 Samuel A. Skaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.