

FILED DEC 21 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10327

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5226 Minerva
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ralph Guerri

3. (b) If veteran, name war no 3. (c) Social Security No.

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased January 20 1864
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 20 If less than one day
hr. min.

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

10. Usual occupation Coal Miner

11. Industry or business.....

12. Name Lorenzo Guerri

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

14. Maiden name Speranza Ferrari

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

16. (a) Informant Bert Reggini

(b) Address 5226 Minerva

17. (a) Burial (b) Date thereof 12-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) DEC 11 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10,
year 1942 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from November 29, 1942 to December 10, 1942
that I last saw him alive on December 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
R. Bronchopneumonia

Due to R. Hemiplegia (Thrombosis of C. Cerebri)

Due to Arteriosclerosis

Other conditions.....
(Include pregnancy within 3 months of death) 83

Major findings:
Of operations.....

Of autopsy Bronchopneumonia Arteriosclerosis

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?.....

While at work..... (Specify type of place) (Means of injury).....

23. Signature Geo. Mad (M. D. or other)
Address 1515 Lafayette Avenue, St. Louis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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..... *Bernard A. J. Stuart*
Licensed Embalmer No. *3500*

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.