

FILED APR 23 1943 318

State File No. 1003
Registrar's No. 3571

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis mo
(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 5137 Wilson Ave
(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

3. (a) PRINT FULL NAME AMELIA CRESPI

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Charles Crespi 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 28 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Italy (City, town, or county) (State or foreign country) 5

10. Usual occupation none

11. Industry or business _____

12. Name of father Joseph Guicciardi

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

14. Maiden name of mother Francesca Guicciardi

15. Birthplace of mother Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant Mrs. Sera Nuovani

(b) Address 5137 Wilson Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr 17 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Cal St Italy & Paul

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

(b) Address 5142 Wagon St Ave

19. (a) APR 16 1943 (Date received local registrar's certificate) (b) Registrar's signature J. F. Breda

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5137 Wilson Ave (If rural, give location) 913
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 14
year 43 hour 3 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4-1-43 to 4-14-43
that I last saw her alive on 4/14 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Ch. Institutional nephritis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Nature of injury _____

23. Signature L. G. Mullen (M. D. or other) _____

Address 1608 S. Kings Highway Date signed 4/16/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 G. W. Wilkerson

Licensed Embalmer No. 3575

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.