

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **26660**

FILED AUG 23 1943

Registration District No. **318**Primary Registration District No. **7065**Registrar's No. **2016**

## 1. PLACE OF DEATH:

- (a) County.....**St. Louis, Missouri**  
 (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. **5 Days** (Specify whether

In this community..... (Specify whether  
years, months or days)3. (a) PRINT FULL NAME **Lawrence Giamalva (Lorenzo)**3. (b) If veteran, name war..... 3. (c) Social Security No. **Nil**Male  
4. Sex.....**Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**6. (b) Name of husband or wife..... **Leona Giamalva** 6. (c) Age of husband or wife if alive. **62** years7. Birth date of deceased..... **August 23, 1877**  
(Month) (Day) (Year)8. AGE: Years Months Days  
**65** **11** **28**  
If less than one day  
hr. min.9. Birthplace..... **Italy**  
(City, town, or county) (State or foreign country)10. Usual occupation..... **Nil**

11. Industry or business.....

MOTHER FATHER  
12. Name..... **Natale Giamalva**  
13. Birthplace..... **Italy**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Letto**  
15. Birthplace..... **Italy**  
(City, town, or county) (State or foreign country)16. (a) Informant..... **Bernard Giamalva**(b) Address..... **6512 Southwest**17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/19/43**  
(Month) (Day) (Year)(c) Place: burial or cremation..... **St. Matthews**18. (a) Signature of funeral director..... **Edith E. Ambruster**(b) Address..... **4234 Manchester**19. (a) **AUG 17 1943** (Date received local registrar) (b) **J. F. Bredecke** (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State..... **Missouri** (b) County..... **000**  
**173**  
**93**  
 (c) City or town..... **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **6512 Southwest Ave.**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **16**,  
year..... **1943** hour **11:35** minute..... **A.** M.21. I hereby certify that I attended the deceased from **August**  
**12**, 19**43**, to **August 16**, 19**43**that I last saw him alive on..... **August 16**, 19**43**  
and that death occurred on the date and hour stated above.Immediate cause of death **RIGHT MIDDLE**  
**CEREBRAL HEMORRHAGE INTO**  
**THE VENTRICLE** Duration  
**3 1/2 DAYS**Due to..... **HYPERTENSION**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)Major findings:  
Of operations.....Of autopsy **JAME + HYPERTROPHY OF**  
**PROSTATE** 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?

While at work..... (Specify type of place) (e) Means of injury..... **Car**23. Signature..... **Geo. W. Salmon** (M. D. or other) **M. D.**  
Address **1515 Lafayette Avenue**, Date signed **8/16/43**

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

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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.....

*Frederick Eymek*

Licensed Embalmer No. *1284*

P. O. Address *St. Louis Mo.*

**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.**