

AUG 23 1943
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution:
1613 Krapp St. /
(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) _____ (Specify whether)

In this community _____ (Specify whether years, months or days) _____

3. (a) PRINT FULL NAME Domenica Rine

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, widow. Widow.

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. 28, 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Housework.

11. Industry or business _____

MOTHER FATHER

12. Name Francis Gillardi

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

14. Maiden name Papina Charda.

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

16. (a) Informant Mary Dimarzio

(b) Address 1913 Bacon St.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Aug. 16. 43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of informant Rosemary Dickson

(b) Address 1431 Union Blvd.

19. (a) AUG 15 1943 (Date received local registrar)

(b) J. F. Bredich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17

(c) City or town St. Louis 9 15
(If outside city or town limits, write "RURAL")

(d) Street No. 1114 Biddle
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13
year 1943 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 4, 1943 to Aug 13, 1943
that I last saw him alive on Aug 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach and liver

Due to Primary in stomach

Due to Stomach

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) Means of injury _____

23. Signature W. J. ... (M. D. or other) MD

Address 1901 ... Date signed 8/13/43

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.....

Licensed Embalmer No..... 2957

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.