S. No. 2
M—5-43
v. 5-17-39
I X36671

22955

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944 18

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 5150

Registrar's No. 1777

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

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:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 5327 Magnolia Avenue 13
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME VINVENZU GIUNTA

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Pasquale - Deeased

6. (c) Age of husband ~~or wife~~ if ~~alive~~ 65 years

7. Birth date of deceased January 25, 1868
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	0	27	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Gaetano Castro
13. Birthplace ITALY 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Paula Riccia
15. Birthplace ITALY 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Tony Giunta
(b) Address 2226 Edwards St

17. (a) Burial (b) Date thereof Feb. 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Gary C Calcaterra
(b) Address 5142 Daggett Avenue

19. (a) FEB 23 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st
year 1944 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 29th 1944, 19 , to Feb. 21st, 1944;
that I last saw her alive on Feb. 21st, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to generalized arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

93d

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. Kuegneker (M. D. or other)

Address 1515 Lafayette Ave. Date signed 2/21/44

(Licensed Embalmer's Statement on Reverse Side)

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 Albert G. Klapp

Licensed Embalmer No. 2971

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.