. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24934

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6372

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2909 BRANNON
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ACO
(c) City or town ST. LOUIS 17 13
(If outside city or town limits, write "RURAL")
(d) Street No. 2909 Brannon
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALEXANDER GARASCIA

3. (b) If veteran, name war No.

3. (c) Social Security No. 486-14-8167

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHRISTINE (c) Age of husband or wife if alive 67 years

7. Birth date of deceased AUGUST (Month) 26 (Day) 1876 (Year)

8. AGE: Years 68 Months 10 Days 23 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Antonio Garascia
13. Birthplace (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Maria Bellotti
15. Birthplace (City, town, or county) Italy (State or foreign country)

16. (a) Informant Mrs. Christine Garascia
(b) Address 2909 Brannon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23-45 (Month) (Day) (Year)
(c) Place: burial or cremation New Calvary Cemetery

18. (a) Signature of funeral director Paul E. Calcaterra
(b) Address 5142 Daggett

19. (a) JUL 23 1945 (Date received local registrar) (b) J. T. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1945 hour 9 minute 10 p.m.

21. I hereby certify that I attended the deceased from April 20th, 1945 to July 19, 1945 that I last saw him alive on July 19, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Abdominal Carcinomatosis	8 Mo.
Due to Primary site not determined	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Diffuse abdominal carcinomatosis 5-21-45.
Of autopsy

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

23. Signature Charles Montani (M. D. or other) MD
Address 5147 Daggett ave. Date signed 7-20-45

(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 Paul C. Calcatura

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.