

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15107
Registral's No. 4293

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: City Hospital
(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)

3. (a) PRINT FULL NAME Charles Gioia
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband Inocenta Colombo
6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased June 10 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 15
If less than one day hr. min.

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

10. Usual occupation retired merchant

11. Industry or business

12. Name Mary Gioia

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

14. (a) Informant Mike Gioia
Address 1315A Jamm Ave

(b) Date thereof Apr 18 1947
(City or town) (County) (State)

(c) Place: burial or cremation New St. Peter's Church
(d) Signature of funeral director Paul J. Calabrese
Address 5142 Daggert Ave

(e) Address 3318 8th
(Date received local registrar) APR 27 1947 (Registral's signature) J. V. Credick

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1315A Jamm Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month April day 25
year 1947 hour 4 minute A M.

21. I hereby certify that I attended the deceased from April 20 1947 to April 25 1947
that I last saw him alive on April 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Infarct 3 days
Due to Cirrhosis of Liver 3 days
arterio-sclerotic 3 days
Other conditions (include pregnancy within 3 months of death)

PHYSICIAN
Major findings: none
Of operations none
Of autopsy none
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) no
(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?

23. Signature W. J. ... (M. D. or other) W.S.
Address 3318 8th Date signed 4-25-47

SEP 4 1997

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 *Samuel Calcaterra*

Licensed Embalmer No. 2376

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.

W.A. Schneider

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo }
County of _____ } ss.

State File No. 15107
Local Registrar's No. 4293

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7 day of Oct, 1947, before me appears Mike Gioia, who, upon his oath, states that the original record of ~~birth~~ death for Charles Gioia died Apr 25, 1947, in the State of Missouri, and which was filed at St Louis on Apr 27, 1947, should be corrected as follows:

- Item No. 14 should read MARIA Zochi
Instead of Rose Gioia
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mike Gioia Relationship _____
1315^A Lamm Ave
Present Address.

Subscribed and sworn to before me this 7 day of Oct, 1947

My Commission expires Mar 24 1948 Danf @ Calcaterra Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

