No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10191

Registrar's No. 3176

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: 7119 Lanham Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 (Specify whether years, months or days)

In this community: 4

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 009

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

(d) Street No.: 7119 Lanham Ave
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Infant Gelpi

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: D

6. (b) Name of husband or wife: [illegible]

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

7. Birth date of deceased: March (Month) 30 (Day) 1948 (Year)

8. AGE: Years: – Months: – Days: – If less than one day: hr. 2 min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Joseph Gelpi
13. Birthplace: Porto Rico (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Rita Vargas
15. Birthplace: Porto Rico (City, town, or county) (State or foreign country)

16. (a) Informant: Joseph Gelpi (Father)
(b) Address: 7119 Lanham Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Olive Cem.

18. (a) Signature of funeral director: M. J. Cloghan
(b) Address: 7146 Manchester Ave

19. (a) APR 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 30 year 1948 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-30, 1948, to, 19, that I last saw him alive on 3-30-, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature birth	
Due to:	
Unknown	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: J. A. Sterling (M. D.)
Address: 7146 Manchester Date signed: 3-30-48

Jefferson City Printing Co. (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 NOT EMBALMED —, Registered Apprentice No.....,
working under my personal supervision.

Signed M. J. Conghan

Licensed Embalmer No. 2622

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.