

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17937**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3869** Registrar's No. **940**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 6856 Corbitt Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Maria b. (Middle) Gaia c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Apr. 15, 1949
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Feb. 2, 1879	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 2 Days 13 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Italy	12. CITIZEN OF WHAT COUNTRY? 5
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13a. FATHER'S NAME Joseph Vigo	13b. MOTHER'S MAIDEN NAME Frances Lodi	14. NAME OF HUSBAND OR WIFE Angelo Gaia
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Fracchia ADDRESS 6856 Corbitt
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH April 11th
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Infart with perforation of ventricle into Pericardium		
	ANTECEDENT CAUSES DUE TO (b) Coronary Thrombosis Hypertension DUE TO (c) Haemopericardium 4201.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 940			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **April 11, 1949**, to **April 15, 1949**, that I last saw the deceased alive on **19**, and that death occurred at **m.**, from the causes and on the date stated above.

23a. SIGNATURE James P. Dade, M.D. (Degree or title)	23b. ADDRESS 634 North Grand	23c. DATE SIGNED 4/16/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 19, 1949	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 4-18-49	REGISTRAR'S SIGNATURE Thudor L. ...	25. FUNERAL DIRECTOR'S SIGNATURE J. Connolly ADDRESS 840 Lindell Blvd
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(Licensed Embalmer's Statement on Reverse Side)

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

96
8
3

96
3
1

Nov. 18, 1909.
W. Vanmatre

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____ *W. Vanmatre*

Signed _____
Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.