

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20517

State File No. 5801

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 5801
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY A139		
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 13		c. CITY OR TOWN St. Louis, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION 6420 Southwest Ave.		e. STREET ADDRESS (If rural, give location) 6420 Southwest		
3. NAME OF DECEASED (Type or Print) a. (First) Virginia		b. (Middle)		c. (Last) Gioia
4. DATE OF DEATH (Month) (Day) (Year) June 25, 1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 4, 1887	9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.		11. BIRTHPLACE (City and State or Foreign Country) Italy 5
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Martin Vago		13b. MOTHER'S MAIDEN NAME Maria (Unknown)		14. NAME OF HUSBAND OR WIFE Paul Gioia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. Nil.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Paul Gioia, 6420 Southwest Ave.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Sclerosis Heart Disease ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Heart expansion II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) 4200 F
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5110
22. I hereby certify that I attended the deceased from July 1, 1954 , to 25 June, 1954 , that I last saw the deceased alive on 25 June, 1954 , and that death occurred at 10:00 m., from the causes and on the date stated above.				
23a. SIGNATURE A. F. Calcaterra M.D.		23b. ADDRESS 22705 - Clifton		23c. DATE SIGNED 26 June 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-28-54		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, county, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Calcaterra, 5140 Daggett Ave.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 28 1954		25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Calcaterra, 5140 Daggett Ave.		

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

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.

Student.....
Signature of Student Embalmer

Signed.....
John S. Dennis

Licensed Embalmer No..... 914

P. O. Address..... St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.