

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 35417

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9178

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 3751a Potomac St. e. STREET ADDRESS (If rural, give location) 16 3751a Potomac St. 21690

3. NAME OF DECEASED a. (First) Guiseppè b. (Middle) Gugliano c. (Last) \_\_\_\_\_ 4. DATE OF DEATH (Month) (Day) (Year) 10/8/54

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 8. DATE OF BIRTH Sept. 22, 1866 9. AGE (In years last birthday) 88

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 17 years 10b. KIND OF BUSINESS OR INDUSTRY cabinet maker 11. BIRTHPLACE (City and State or Foreign Country) Naples, Italy 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unknown Gugliano 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Mary

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. unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pasquale Gugliano-3751 Potomac St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) ANTECEDENT CAUSES DUE TO (b) Coronary Sclerosis DUE TO (c) Generalized Arterio-Sclerosis  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sclerosis  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE \_\_\_\_\_ 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 10/11/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/12/54 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. OCT 11 1954 REGISTRAR'S SIGNATURE \_\_\_\_\_ 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Heldlerle - 3634 Gravois

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

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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.....

Licensed Embalmer No. *26*

P. O. Address..... *J. Lewis*

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.