

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14693

State File No.

FILED APR 22 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2855**

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis 4071 | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) | | STREET ADDRESS (If rural, give location) 27 8927 Stansberry | |

3. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
28 Malcom Bliss

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| 3. NAME OF DECEASED (Type or Print) a. (First) Giuseppe b. (Middle) Gallina c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) 3 22 57 |
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|--|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|-------|------|
| 5. SEX Male <input type="radio"/> | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 4/13/1888 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days | Hours | Min. |
|--|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern owner | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Italy | 12. CITIZEN OF WHAT COUNTRY? Italy |
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| 13a. FATHER'S NAME Francesco Gallina | 13b. MOTHER'S MAIDEN NAME Susanna Guercio | 14. NAME OF HUSBAND OR WIFE Susanna |
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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. no | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Gallina 8927 Stansberry |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Generalized Arterio *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sclerosis DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? 331X YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:45A** m., from the causes and on the date stated above.

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| 23a. SIGNATURE James W. Kelly (Degree of title) | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 3-25-57 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/25/57 | 24c. NAME OF CEMETERY OR CREMATORY Calvary | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo |
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| DATE REC'D BY LOCAL REG. MAR 25 57 | REGISTRAR'S SIGNATURE Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miceli 1150 N. Kingshiway |
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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..... *Anthony J. Miceli*

Licensed Embalmer No..... *429*

P. O. Address..... *St. Leon*

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.