

STANDARD CERTIFICATE OF DEATH

26157  
STATE FILE NUMBER

FILED JUL 26 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6272**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>		Length of stay in lb <b>2</b>	STREET ADDRESS <b>1634 3751 Potomac St.</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Pasquale</b> Middle <b>J.</b> Last <b>Gugliano</b>			4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 20, 1901</b>		9. AGE (In years last birthday) <b>55</b> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bus Machanic (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Serv.</b>		11. BIRTHPLACE (City and state or country) <b>Italy</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>Guiseppe Gugliano</b>		
14. MOTHER'S MAIDEN NAME <b>Mary Basile</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO. <b>Unknown</b>			17. INFORMANT <b>Niles J. Gugliano-5522 Columbia</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio sclerotic Heart Disease</b> DUE TO (b) <b>hepato sclerosis</b> DUE TO (c) <b>Uremia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>4 200</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b> <b>2 wks</b> <b>6 mo.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>June 16</b> to <b>July 4</b> and last saw <del>her</del> him alive on <b>July 3rd</b> . Death occurred at <b>8:30 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Arthur G. Austin M.D.</b> (Degree or title)		22b. ADDRESS <b>634 N. Grand Blvd</b>		22c. DATE SIGNED <b>7/5/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>July 8, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	
23d. LOCATION (City, town, or county) <b>St. Louis County, Missouri</b>		24. FUNERAL DIRECTOR <b>WACKER-HELDERLE-3634 Gravois Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 6 57</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith</b>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....  
*Robert C. Wheeler*

Licensed Embalmer No. *21*

P. O. Address *Han*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.