N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 12 1938

37236
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 9563

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis.
(d) Street No. Mo. Baptist Hospital. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Cuneo.

(a) Residence, No. 1007½ Franklin Ave. St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fruit Salesman.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy.

FATHER
13. NAME Battista Cuneo. ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy. ?

MOTHER
15. MAIDEN NAME Dominica Maviane.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy. ?

17. INFORMANT Eugene Meyers.
(ADDRESS) 6221 Page Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov. 4, 1938.

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly.
(ADDRESS) 3840 Lindell Blvd.

20. FILED NOV 3 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1938, to Nov 1, 1938
I last saw him alive on Nov. 1, 1938. Death is said to have occurred on the date stated above, at 5.10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:
Thrombosis of Rt femoral artery
Chronic myocarditis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph D. Cure, M. D.
(Address) 462 N. Taylor

(Licensed Embalmer's Statement on Reverse Side)

462 N. Taylor Reno
11-1

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Praine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.