

REC'D JUL 12 1939

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

20499

Do not use this space.

791  
1003

Registered No. 5343

## 1. PLACE OF DEATH

 (a) County .....  
 (b) Township .....  
 (c) City St. Louis  
 (d) Street No. 3611 City Hospital No. 1  
 (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.

E. 1528

## 2. PRINT FULL NAME

 August Crivello  
 (a) Residence, No. 3618 a Dodier St. 10  
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Crivello
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27, 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 9 16

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Day Laborer  
 10. Date deceased last worked at this occupation (month and year) Oct. 1938 11. Total time (years) spent in this occupation 10 years
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ItalyFATHER 13. NAME Gaspar Crivello14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ItalyMOTHER 15. MAIDEN NAME Antonina DiAgalo16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy17. INFORMANT Mrs. Rose Crivello  
(ADDRESS) 3618a Dodier St.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Alton, Illinois, DATE June 17, 193919. FUNERAL DIRECTOR Edward J. Weiss  
(ADDRESS) 1491 Broadway Blvd20. FILED J. B. Roberts  
JUN 15 1939 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/14/3922. I HEREBY CERTIFY, That I attended deceased from 4/29/39, 1939, to 6/14/39, 1939.I last saw him alive on 6/14/39 at 7:40 a.m. Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosisOther contributory causes of importance:  
cerebral arteriosclerosisName of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 1939Where 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) Edward J. Weiss, M. D.  
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

MARON RESERVED FOR BIRLING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. NO. 2.  
304-7-20-37  
I X12004

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.

**STATEMENT BY LICENSED EMBALMER**

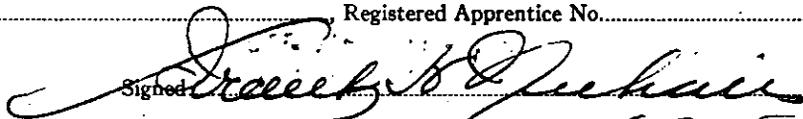
I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed  \_\_\_\_\_

Licensed Embalmer No. 2915

**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.)**