

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30145

FILED OCT 7 1940

1003

Registrar's No. 7422

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Louis Raggio.

8. (b) If veteran, name war. 8. (c) Social Security No. None.

4. Sex Male. 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 6. years 1862

7. Birth date of deceased November 6, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>26</u>	hr. min.

9. Birthplace Italy.
(City, town, or county) (State or foreign country)

10. Usual occupation Fruit Stand.

11. Industry or business

12. Name James Raggio.

13. Birthplace Ireland.
(City, town, or county) (State or foreign country)

14. Maiden name Marie Mazzini.

15. Birthplace Italy.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Raffo.

(b) Address 7009 Corbitt Ave.

17. (a) Burial (b) Date thereof 9-5-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnell

(b) Address 3840 Lindell Blvd

19. (a) SEP 4 1940 (b) J. J. [Signature]
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town University City. 13th St.
(If outside city or town limits, write "RURAL")

(d) Street No. 7009 Corbitt Ave.
5400 Arsenal at
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd.
year 1940 hour 3. minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Right Femur; (artery)

Due to Sluiter suffered

Due to when deceased fell

Other conditions at the City Sanitarium

Major findings: on Aug-14-1940 Exam

Of operations: Fracture of femur

accident

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) legaled

(b) Date of occurrence 8/14/40

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? _____ (Specify type of place)
(e) Means of injury Fall

23. Signature Joseph [Signature] (M. D. or other)
Address Deputy Registrar

WRITE PLAINLY—USE 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 _____

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

Signed W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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