No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 865

FEB 25 1941

Registration District No. 91 Primary Registration District No. 1003 Registrar's No. 865

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 5334 Northrup St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, MO. 1317
(If outside city or town limits, write "RURAL")

(d) Street No. 5334 Northrup St. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 24 Years 0 years.

3. (a) PRINT FULL NAME Anthony Garavaglia

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Adili Barbaglia

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased I (Month) 29 (Day) 1884 (Year)

8. AGE: Years 56 Months 11 Days 27 If less than one day hr. min.

9. Birthplace Italy 5 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Laborer

MOTHER FATHER
12. Name Louigi Garavaglia
13. Birthplace Italy 5 (City, town, or county) (State or foreign country)
14. Maiden name Franesca Calloni
15. Birthplace Italy 5 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Josephine Collidi
(b) Address 5334 Northrup St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I.29.41 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter & Paul

18. (a) Signature of funeral director Paul C Calcaterra
(b) Address 5142 Daggett Ave

19. (a) JAN 27 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th year 1941 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Dec. 15, 1939, to Jan. 25, 1941; that I last saw him alive on Jan. 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Pulmonary Tuberculosis — Duration years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Charles Montani (M. D. or other) M.D.
Address 5147 Daggett ave Date signed 1-27-41

(Licensed Embalmer's Statement on Reverse Side)

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 Paul E. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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

If this body is not embalmed, fact should be so stated above.