

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

1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8670**
Registrar's No. **2080**

Registration District No. **701A**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5092a Page 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 30 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Vincenzo J. D'Alto

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

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

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

7. Birth date of deceased September 19 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>16</u>	hr. min.

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

10. Usual occupation tailor

11. Industry or business.....

MOTHER FATHER {
12. Name Unknown
13. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)
14. Maiden name Marianna Unknown
15. Birthplace Unknown Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert D'Alto

(b) Address 5092a Page Blvd.

17. (a) Rural (b) Date thereof March 6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director P. Nicoli - son

(b) Address 1150 N. Kingshighway Blvd.

19. MAR 5 1941 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5092a Page Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1941 5 hour 45 minute 45 A. M.

21. I hereby certify that I attended the deceased from December 2
1940, to March, 1941;
that I last saw him alive on 3/4/41, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to.....
Due to.....
Other conditions Diabetes Mellitus
(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?

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

23. Signature A. Ignaselli (M. D. or other)
Address 1529 Cass Avenue Date signed 3/4/41

Rev. 5-17-39

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ^{and} ~~or by~~

Anthony J. Miceli, Registered Apprentice No. _____
working under my personal supervision.

Signed

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, Mo.

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.