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4-13-40  
5-17-39  
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**FILED AUG 28 1941**  
Registration District No. 701

Primary Registration District No. 1003

Registrar's No. 5906

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

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 Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours  
In this community 7 years 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dominic Thomas Caradonna

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nina Caradonna 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased March 5, 1918  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

23	4	11	hr. min.
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9. Birthplace Detroit, Michigan 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Tavern Owner

11. Industry or business Same

12. Name Rosario Caradonna

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

14. Maiden name Martha Caradonna, (cousins)

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

16. (a) Informant Nina Caradonna

(b) Address 1223 N. 19th St.

17. (a) Burial (b) Date thereof July 19, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of Rosario Caradonna  
1431 Union Blvd.

(b) Address \_\_\_\_\_

19. (a) JUL 18 1941 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 219  
(If outside city or town limits, write "RURAL")

(d) Street No. 1223 N. 19th St.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1941 hour 12. minute 20 a. 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 Through and through bullet wound of skull and brain inflicted at the hands of one Joseph Greco at 1722 Washington Ave., about 9:00 o'clock P.M., July 14, 1941

Other conditions 2 -  
(Include pregnancy within 5 months of death)

Major findings: 16/4 173  
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) Homicide

(b) Date of occurrence July 14, 1941

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

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

23. Signature Joseph Greco (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 7/17/41

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**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.....

*J. Kautler*  
.....

Licensed Embalmer No. 3880

P. O. Address.....

**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, fact should be so stated above.**