

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No.

Registrar's No.

00
17
9

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 1019a N. 8th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 50 years. / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Paul Chiarello, also known as Corella

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mary Chiarello. 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Nov. 1st, 1852.
(Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired.

11. Industry or business Fruit Dealer.

12. Name Leonard Chiarello.

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

14. Maiden name Unknown.

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

16. (a) Informant Mrs. Camilla

(b) Address 1019a N. 8th St.

17. (a) Burial (b) Date thereof July 22, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thomas J. Puchan
(b) Address 1431 Union Blvd.

19. (a) III 21 1941 (b) J. P. Bermeo
(Date of occurrence) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 1019 N. 8th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1941 hour 12 minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan, 1939, to July 19, 1941.
that I last saw him alive on July 19, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis 2 years

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) (e) Means of injury _____

23. Signature Jos. P. Bermeo (M. D. or other) D

Address 11225 - 20 Grand Date signed 7/19/41

Thomas J. Pennington

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 *Thomas J. Pennington*

Licensed Embalmer No. *2915*

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.