No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36162

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2061

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Robert Kirk Hospital U (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 years (Specify whether

In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 5345 Wilson 9 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GAETANI DELLAQUA

3. (b) If veteran, name war No

3. (c) Social Security No. 490-01-4594

4. Sex M U

5. Color or race W

6. (a) Single, widowed, married, divorced S D

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 18 (Day) 1903 (Year)

8. AGE: Years 38 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 1 Michigan (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unknown

FATHER
12. Name Angelo Dellacqua
13. Birthplace Unknown (City, town, or county) 5 Italy (State or foreign country)

MOTHER
14. Maiden name Clara Carcano
15. Birthplace Unknown (City, town, or county) 5 Italy (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Robert Kirk Hospital

17. (a) (Burial, cremation, or removal) (b) Date thereof 10-10-41 (Month) (Day) (Year)

(c) Place: burial or cremation Old St Peter's Paul

18. (a) Signature of funeral director Paul C Calcaterra

(b) Address 5149 Daggett Ave

19. (a) OCT 9 1941 (Date received local registrar) (b) E. G. McGavran Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7 year 1941 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from April 10 1940 to Oct. 7 1941; that I last saw him alive on Oct. 7 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of lungs	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Denied	

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 U

23. Signature Herbert C. Sweet (M. D. ~~or other~~)

Address Robert Kirk Hosp Date signed 10/7/41

(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 J. W. Burkley

Licensed Embalmer No. 3653

P. O. Address St. Louis Mo.

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

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