S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1943

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40599

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10697

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 17
(c) City or town St. Louis 9 6
(If outside city or town limits, write "RURAL")
(d) Street No. 5141 Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph Stanghellini
3. (b) If veteran, name war
3. (c) Social Security No. 493-09-8265

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Valentina
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased January (Month) 8 (Day) 1892 (Year)

8. AGE: Years 51 Months 10 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) Italy 5 (State or foreign country)
10. Usual occupation Waiter
11. Industry or business Tavern- Lunch Counter

FATHER
12. Name John Stanghelli ni
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Louise Mazzini
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Valentina Stanghellini
(b) Address 5141 Page Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director [signature]
(b) Address 1225 Union Blvd.
19. (a) DEC 6 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th year 1943 hour 5.30 minute A M.
21. I hereby certify that I attended the deceased from Feb. 23, 1943, to Dec. 3, 1943, that I last saw him alive on Dec. 3, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary edema -	3 days
Due to Chronic endocarditis + myocarditis.	4 years
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 Norton John Evernell (M. D. or other) M.D.
Address 4129 Washington Bl Date signed Dec 6 1943

(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 Bernard O. J. Stuar

Licensed Embalmer No. 3500

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.