No. 2
-5-43
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X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 60

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 203

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5378 O Dell Ave
(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 Mo (b) County 000 17
(c) City or town St Louis (If outside city or town limits, write "RURAL") 913
(d) Street No. 5378 O Dell Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PAUL BELGERI
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Rosa Belgeri
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Apr 6 1868 (Month) (Day) (Year)
8. AGE: Years 75 Months 9 Days 0 If less than one day hr. min.
9. Birthplace Italy (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name Giacomo Belgeri
13. Birthplace Italy (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mr James Belgeri
(b) Address 5378 O Dell Ave
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 10 1944 (Month) (Day) (Year)
(c) Place: burial or cremation New St Peters Cem
18. (a) Signature of funeral director Paul C Culcotine
(b) Address 5142 Daggett Ave
19. (a) JAN 8 1944 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1944 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 3rd, 1941, to Jan. 6, 1944 that I last saw him alive on Dec. 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure — Duration: Sudden
Due to: arteriosclerotic Cardio Vascular disease — 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

Signature Charles Montana (M. D. or other) MD
Address 5147 Daggett ave Date signed 1-7-44

(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 Paul C Calcaterra

Licensed Embalmer No. 2376

P.O. Address 5142 Daggett

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.