

S. No. 2
 OM-8-43
 5-17-39
 X37823

26175

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 7438 ✓

FILED SEP 8 1944

Registration District No. 218 Primary Registration District No. 1002

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:
St. John's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 19
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. St. John's Hospital
3616 Russell
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Donna Maria Di Leo
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 27th.,
 year 1944 hour 10 minute 30 a. M.

4. Sex F. 5. Color or race W.
 6. (a) Single, widowed, married, divorced S. 0
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 27th., 1944, 2:30 am
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to 8-27, 1944.
 that I last saw him alive on 8-27, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 0 8 hr. _____ min.

Immediate cause of death:
Congenital Heart Disease
 Due to Enlarged patent ductus arteriosus
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Nil

Major findings:
 Of operations _____
 Of autopsy Enlarged patent ductus arteriosus
Wildcat heart

11. Industry or business _____
 12. Name Senatro W. Di Leo
 13. Birthplace Utica N.Y.
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Mary Dawson
 15. Birthplace New Madrid Mo.
 (City, town, or county) (State or foreign country)

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?

16. (a) Informant Mr. Senatro W. Di Leo
 (b) Address 3616 Russell Alve.
 17. (a) Burial (b) Date thereof 8-28-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

(Specify type of place) _____
 (e) Means of injury _____
 23. Signature Arthur J. Connelly (M. D. or other) M.D.
 Address 4952 Maryland Date signed 8/27/44

18. (a) Signature of funeral director Arthur J. Connelly
 (b) Address 3840 Lindell Blvd.
 19. (a) AUG 28 1944 (b) J. F. Bedeich
 (Date received by Registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *not*.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.