V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11017

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2290

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

9929

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: Alexian Brothers Hospital
(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 Macoupin 999
(c) City or town Benld
(If outside city or town limits, write "RURAL")
(d) Street No. RR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Pete Macio Corgiat
3. (b) If veteran, name war No
3. (c) Social Security No. 343-05-2124
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Antonio Corgiat
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased December (Month) 25 (Day) 1873 (Year)
8. AGE: Years 72 Months 2 Days 11 If less than one day hr. min.
9. Birthplace Corio (City, town, or county) Italy (State or foreign country) 5
10. Usual occupation Coal Miner
11. Industry or business
MOTHER FATHER
12. Name Bernard Corgiat
13. Birthplace (City, town, or county) Italy (State or foreign country) 5
14. Maiden name Catherine Rua
15. Birthplace (City, town, or county) Italy (State or foreign country) 5
16. (a) Informant Emil Corgiat
(b) Address Benld, Illinois.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Benld, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAR 8 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6 year 1946 hour 1 minute 25 P. M.
21. I hereby certify that I attended the deceased from March 4-46 March 6, 1946, to March 6, 1946, that I last saw h. m. alive on March 6, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction — Duration 2 days
Due to: formed adhesion chronic lung condition 26 yrs
Due to: 122 yrs
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Intestinal obstruction
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) no
(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 [signature] (M. D. or other) MD
Address 3318 8th Street Date signed 3-9-46

(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 John Ogonoski

Licensed Embalmer No. 2378

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.