

No. 2
A-5-43
5-17-39
1 X38671

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS

UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

3130

State File No.

FILED JAN 25 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 201

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether)

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4247 Washington
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME TALLO, PETE

3. (b) If veteran, name war World War 11

3. (c) Social Security No. 529264496

4. Sex Male Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Josephine Tallo

6. (c) Age of husband or wife if alive app. 40 years

7. Birth date of deceased July 15 1900
(Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 21
If less than one day

9. Birthplace Murphy'sboro Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Fruit Merchant

11. Industry or business Peddler

MOTHER FATHER

12. Name Joseph Tallo

13. Birthplace Italy
(City, town, or county) (State or foreign country)

14. Maiden name Angeline Legamera

15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant John Tallo

(b) Address 2601 Burd

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Jan 7 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary cemetery

18. (a) Signature of funeral director P. Miceli & Sons

(b) Address 1150 N. Kingshighway Blvd

19. (a) JAN 8 1947
(Date received local registrar)

(b) J. F. Bredeck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1947 hour 12:03 minute P M.

21. I hereby certify that I attended the deceased from January 1
5 to January 6, 1947
that I last saw him in alive on January 6, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial fibrillation

Due to Myocardial Infarction

Due to Cerebral sclerosis & hypertension

Other conditions JHA
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
.. Of operations _____

Of autopsy As above

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? _____

23. Sign Paul E. Ash
(Specify type of place) (e) Means of injury

Address 1515 Lafayette Avenue Date signed 1/6/47

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

FEB 26 1947

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..... *Anthony J. Michel*.....

Licensed Embalmer No. *4277*.....

P. O. Address..... *St Louis*.....

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.