S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1947

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3462

Registrar's No. 34

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 8-25-46 (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6207 West Park Avenue 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ASTORINO, Viengo

3. (b) If veteran, name war WW-1

3. (c) Social Security No. unknown

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced M-sepr.

6. (b) Name of husband or wife Mrs. Maria Astorino

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased December (Month) 17 (Day) 1890 (Year)

8. AGE: Years 57 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Registrar, Vet. Adm. Hospital
(b) Address Jefferson Barracks 23, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 10-47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) 1-9-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1947 hour 6:05 minute P. M.

21. I hereby certify that I attended the deceased from 9-25-46, 19, to 1-5-47, 19;
that I last saw him alive on 1-5-47, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL ACCIDENT, HYPERTENTION, WITH CORONARY ARTERIOSCLEROTIC HEART DISEASE, MYOCARDIAL DAMAGE. — Duration UNK.

Due to CONTRIBUTORY CAUSE: HYPERTENSION, ARTERIAL. ARTERIOSCLEROSIS, GENERALIZED. — UNK.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operations
Of autopsy No 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) 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 0

23. Signature L. E. Stilwell (M. D. or other)
Address Veterans Administration Hosp. Jefferson Barracks 23, Missouri Date signed 1-6-47

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 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. Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.