No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15081

FILED MAY 9 1947 #63796

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4292

1. PLACE OF DEATH:

(a) County

(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 Starkloff (If not in hospital or institution, write street number or location)

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

In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 25 17 (If outside city or town limits, write "RURAL")

(d) Street No. 911 No 12 St 9 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LOUIS FREGONARA

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife not known

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

7. Birth date of deceased (Month) (Day) 1864 (Year)

8. AGE: Years about 73 | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER

12. Name unknown 9

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

MOTHER

14. Maiden name unknown

15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Sam Dommerco

(b) Address 911 No 12 St

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr 29 1947 (Month) (Day) (Year)

(c) Place: burial or cremation St Peter & Paul

18. (a) Signature of funeral director Paul C Calcaterra

(b) Address 3142 Daggett Ave

19. (a) APR 27 1947 (Date received local registrar) (b) A. J. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1947 hour 1:05 minute A M.

21. I hereby certify that I attended the deceased from 4-19-47 9, 19, to 4-25-47, 19; that I last saw him alive on 4-25-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of hypopharynx and larynx.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Carcinoma of hypopharynx with metastasis to neck and lungs.

Duration

PHYSICIAN

Underline the cause of 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

23. Signature Robert E. Cole (M. D. or other)

Address 1515 Lafayette Date signed 4-25-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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.....

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.