. S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

40089

State File No. 10754

FILED DEC 6 1947

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

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

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 2006 Hereford (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 Oak
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2006 Hereford St (If rural, give location) 9
(e) Citizen of foreign country? 13 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MICKEL RAIMONDO
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Giuseppa
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
about	75			hr. min.

9. Birthplace Italy (City, town, or county) (State or foreign country) 5
10. Usual occupation laborer
11. Industry or business
FATHER
12. Name Vito Raimondo
13. Birthplace Italy (City, town, or county) (State or foreign country) 5
MOTHER
14. Maiden name Antonina Raimondo
15. Birthplace Italy (City, town, or county) (State or foreign country) 5
16. (a) Informant Mrs E. Raimondo
(b) Address 2006 Herlford St
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 25 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Gesmuschen
18. (a) Signature of funeral director Paul C Calcaterra
(b) Address 5140 Daggett Ave
19. (a) NOV 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1947 hour 7 minute 00 P M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to 94a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 3
23. Signature [signature] (M. D. or other)
Address [signature] Date signed 11/24/47

Jefferson City Printing Co. (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 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.