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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10082

Registrar's No. 3233

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 6327 Juniata Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 Yeary
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missorui (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6327 Juniata
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Gioachino (Jack) Cunetto
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Carmela
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased December (Month) 4 (Day) 1889 (Year)

8. AGE: Years 58 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Casteltermini (City, town, or county) Italy (State or foreign country)
10. Usual occupation Barber
11. Industry or business
FATHER
12. Name Vincenzo Cunetto
13. Birthplace Italy (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rosalia Castiglione
15. Birthplace Italy (City, town, or county) (State or foreign country)
16. (a) Informant Carmela Cunetto
(b) Address 6327 Juniata
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery
18. (a) Signature of funeral director P. Miceli & Sons
(b) Address 1150 N. Kingshighway
19. (a) APR 7 1948 (Date received by Registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 31 year 48 hour 900 minute P M.
21. I hereby certify that I attended the deceased from March 30, 1948, to March 31, 1948; that I last saw h. alive on March 31, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 Day
Due to	
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

23. Signature V. J. LoPiccolo M.D. (M. D. or other)
Address 1931 Marcone Date signed 4/2/48
V. J. LoPiccolo

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.....Anthony J. Miceli.....

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.