

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30815

FILED OCT 9 1948 318

Registration District No. Primary Registration District No. 1005 Registrar's No. 8426

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firman Desloge Hospital
(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 Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1829 Cass Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Aquilino, Joseph Pellegrino

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 Jennie 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased August 24 1873 (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Liborio Aquilino

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

14. Maiden name Antonina Gebella

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

16. (a) Informant Jennie Aquilino

(b) Address 1829 Cass Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29-48 (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) SEP 29 1948 (Date received local registrar) (b) J. F. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9-25-48 day 9:15 P.M. year hour minute M.

21. I hereby certify that I attended the deceased from 8-25-41 19 to 9-25-48 19; that I last saw him alive on 9-25-48 19; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 4-5 days
Due to Paralysis agitans 1 1/2 years
Due to Cerebral arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Of autopsy: None 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)
(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?

While at work? (Specify type of place) (e) Means of injury
23. Signature [Signature] (M. D. or other) 1325 S. Grand, St. Louis, Mo. Date signed 9-8

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

MOTHER, FATHER

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. Mueli

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.