

FILED APR 1 1949

STANDARD CERTIFICATE OF DEATH

10742

No. 300

10.48

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2505**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Bar										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO.		17								
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Johns Hospital				d. STREET ADDRESS (If rural, give location) 3673 LAKEDE AVE.										
3. NAME OF DECEASED (Type or Print) ALFEZIO			a. (First)			b. (Middle)			c. (Last) TONELLI			4. DATE OF DEATH (Month) (Day) (Year) MARCH 17 1949		
5. SEX MALE		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN 1ST 1869		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 2 Days 16		IF UNDER 24 HRS. Hours 5 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER RETIRED				10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (State or foreign country) ITALY				12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME ALFEZIO TONELLI				13b. MOTHER'S MAIDEN NAME DONT KNOW				14. NAME OF HUSBAND OR WIFE DECEASED						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO				16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MR GEORGE TONELLI 3673 LAKEDE AVE								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH Indeterminate		
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, prostate												
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart dis.												
		DUE TO (c)												
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 57 to 197X										20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP)		(COUNTY)		(STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from Mar 7, 1949 , to Mar 17, 1949 , that I last saw the deceased alive on Mar 17, 1949 , and that death occurred at 2 P m., from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) W. C. Wissey, M.D.				23b. ADDRESS 634 No Grand				23c. DATE SIGNED 3/19/49						
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3/21/49		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem				24d. LOCATION (City, town, or county) (State) St Louis Mo.						
DATE REC'D BY LOCAL REG. 3/20/49		REGISTRAR'S SIGNATURE Jo B. Sander				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joe A. Howard - 1619 Grand								

(Licensed Embalmer's Statement on Reverse Side)

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

19

5092

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Gas A. Howard

Licensed Embalmer No. 4139

P. O. Address 1619 S Grand Bl

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.