

FILED MAY 5 1949

STANDARD CERTIFICATE OF DEATH

13693  
3584  
State File No. ....  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		a. STATE <u>Missouri</u> b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2910 Bailey Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Antonina</u>	b. (Middle) <u>Daleo</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 18, 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 15, 1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR (Month) (Day) (Year) <u>0 3</u>	IF UNDER 1 HR. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Italy 5</u>	12. CITIZEN OF WHAT COUNTRY? <u>Italy</u>
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13a. FATHER'S NAME <u>Paul Mocerri</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Orlando</u>	14. NAME OF HUSBAND OR WIFE <u>Guiseppe Daleo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Daleo</u>	ADDRESS <u>2910 Bailey</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion; Cystic Disease of Kidneys; Granulating Burns of Extremities, trunk and face; suffered in her home on Feb. 21st, 1949, about 1:30 P.M. when her clothing became ignited while attempting to light gas stove in the kitchen;</u>	II. OTHER SIGNIFICANT CONDITIONS attempting to light gas stove in the kitchen;		
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	DUE TO (b) <u>trunk and face; suffered in her home on Feb. 21st, 1949, about 1:30 P.M. when her clothing became ignited while attempting to light gas stove in the kitchen;</u>		
DUE TO (c) <u>her clothing became ignited while attempting to light gas stove in the kitchen;</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Mo. 18100</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2/21/1949 1:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>See Above</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:03 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph M. Jund</u> (Degree or title) <u>Deputy Coroner</u>	23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>4/21/49</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 23, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
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DATE REC'D. BY LOCAL REGISTRAR'S SIGNATURE <u>APR 21 1949 J. B. Hasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bensel Nickau</u>	ADDRESS <u>1431 Union Blvd.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

19

No drawing

*2001*

**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 *Clement McKeay*

Licensed Embalmer No. *3732*

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.