

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31404**
Registrar's No. **8550**

FILED OCT 10 1951
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). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 10 3828 Labadie	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3828 Labadie			

3. NAME OF DECEASED (Type or Print) Onofrio D. Angelo			4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1951.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH Feb. 22 1893		9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY Italy	

13a. FATHER'S NAME Andrea D'Angelo		13b. MOTHER'S MAIDEN NAME Michiona Armerica		14. NAME OF HUSBAND OR WIFE Catherine D'Angelo	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine D'Angelo 3828 Labadie	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism		INTERVAL BETWEEN ONSET AND DEATH 15 minute	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arterio Sclerotic Heart Dis 2 years	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	
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22. I hereby certify that I attended the deceased from **May 19 1949**, to **Sept 25, 1951**, that I last saw the deceased alive on **Sept 25, 1951**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Luigi Piccolo (Degree or title) M.D.		23b. ADDRESS 1931 Marconi		23c. DATE SIGNED 9/25/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 28 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis Mo.	

DATE REC'D BY LOCAL REG. SEP 27 1951		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli 1150 N. Kingshighway	
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(Licensed Embalmer's Statement on Reverse Side)

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

never embalmed

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *J. Wm Bentley*.....

Licensed Embalmer No. *3653*.....

P. O. Address *St Louis, Mo*.....

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.