

FILED JAN 26 1952

STANDARD CERTIFICATE OF DEATH

2566

318

State File No.

1003

Registrar's No. 0428

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0428	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5223 Daggett Avenue..				d. STREET ADDRESS (If rural, give location) 5223 Daggett Ave			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Joseph Barbaglia			4. DATE OF DEATH (Month) (Day) (Year) Jan 13, 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 20, 1888		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Carlo Barbaglia		13b. MOTHER'S MAIDEN NAME Rosa Colombo		14. NAME OF HUSBAND OR WIFE Theresa Barbaglia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. 489-03-2795		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Barbaglia 5223 Daggett St.,			
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 vascular hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 3 yrs
*This does not mean the mode of dying, such as heart failure, asthemia, 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) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis of legs					1 wk.
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3-52X			
22. I hereby certify that I attended the deceased from _____, 1949, to 1-13, 1952, that I last saw the deceased alive on 1-12, 1952, and that death occurred at 2:55 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. C. Miller M.D.				23b. ADDRESS 2608 S. Kingshighway		23c. DATE SIGNED 1-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-16-52	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery St. Louis County Mo.		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. JAN 15 1952		REGISTRAR'S SIGNATURE Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Calcaterra-5140 Daggett St.,			

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

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

John S. Rennek

Licensed Embalmer No. 4194

P. O. Address

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.