

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**35286**  
Do not use this space.

**OCT 26 1937**

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 790  
 (b) Township \_\_\_\_\_ Primary Registration District No. 6033A  
 (c) City Ladue Village (d) Street No. 9100 Clayton Road Registered No. 320  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

2. PRINT FULL NAME Anthony Cavagnaro  
 (a) Residence, No. 9100 Ladue Village St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Cavagnaro

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1869

7. AGE YEARS 68 MONTHS 7 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Liquor dealer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

FATHER 13. NAME Andrew Cavagnaro  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER 15. MAIDEN NAME Sarafina Boronia  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT Mrs. Rose Cavagnaro  
 (ADDRESS) 9100 Clayton Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept. 13, 1937

19. FUNERAL DIRECTOR Wagoner Undertaking Co  
 (ADDRESS) 3621 Olive St.

20. FILED 9/11 1937 Dr. J. Squorelli  
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Friday Sept 10<sup>th</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 8<sup>th</sup>, 1937, to Sept 9<sup>th</sup>, 1937  
 I last saw him alive on Sept 9<sup>th</sup>, 1937. Death is said to have occurred on the date stated above, at 6:15 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
550  
 Other contributory causes of importance:  
Arterial Hypertension (arteriosclerosis)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Joseph Vucich, M. D.  
 (Address) 2363<sup>rd</sup> Manchester Dr Maplewood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1-121203

1100

Dr Joseph Krichel  
73639 Manchester line

STATEMENT BY LICENSED EMBALMER

I, Neville B. Frohwitter....., Licensed Embalmer No. 3696

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Neville B. Frohwitter

Licensed Embalmer No. 3696

**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.)**