

FEB 12 1938

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

587
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **443**
 (c) City **City Hospital** (d) Street No. **One City Hospital #1** St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

Alexander Spagnolo 12.5

(a) Residence, No. **5369 O'Dell** St. **B** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 28 1932**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 2 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) **St. Louis Mo.**

FATHER 13. NAME **Domenic Spagnolo**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Italy**

MOTHER 15. MAIDEN NAME **Catherine Spagnolo**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Mr. D. Spagnolo 5369 O. Dell ave**

18. BURIAL, CREMATION, OR REMOVAL **St. Matthews Jan 15 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Paul C. Calcaterra 5142 Daggitt ave**

20. FILED **JAN 13 1938** **J. Bredeck** Local Registrar.

No MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/12/38** 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____ 19____. Death is said to have occurred on the date stated above, at **5:25 P.M.**

The principal cause of death and related causes of importance were as follows:

Subdural Haemorrhage of Brain and Fracture of left clavical and left Femur when struck by automobile, driver unknown, who failed to stop, of Macklind and Columbia Avenue,

Other contributory causes of importance: **about 7:20 P.M., January 8, 1938.**

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 **Homicide** Date of injury **1/8/1938**

Where did injury occur? **St. Louis, Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **In Public Place**

Manner of injury **See Above**

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **NO.**

If so, specify (Signed) **Joseph M. Quinn** (Address) **Deputy Coroner**

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.

STATEMENT BY LICENSED EMBALMER

I, Danf C Calcaterra, Licensed Embalmer No. 2376

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

Danf C Calcaterra

Licensed Embalmer No. 2376

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.)