

REC'D FEB 20 1939

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

1363

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 359
(b) Township Hann Primary Registration District No. 1002 Registered No. 376
(c) City Hannas (d) Street No. St Mary Hospital 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

Archangelo DeFeo
(a) Residence, No. 224 Park 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

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
75 5 2

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. Produce Merchant
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 Alexander DeFeo

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

MOTHER 15. MAIDEN NAME Maria Carmello Marra

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

17. INFORMANT Theodore C DeFeo
(ADDRESS) 2 E Winthrop Road.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St Mary DATE Jan 30-39

19. FUNERAL DIRECTOR (NAME) Passantino Bros
(ADDRESS) P. C. Mo

20. FILED Jan 29 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 11, 1939, to Jan 28, 1939
I last saw him alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia. 1-27-39
95B-

Other contributory causes of importance:
Generalized Arteriosclerosis
Acute Urinary Retention 1-11-39
Arteriosclerotic Heart disease

Name of operation Intra-peritoneal cystostomy of 1-11-39
What test confirmed diagnosis? Intra-peritoneal Was there an autopsy? No

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 Louis Scarpellino, M. D.
(Signed) Louis Scarpellino
(Address) 872 Angelle Bldg

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.

1705
J. J. M. C. F. E. C.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1362-
Registrar's No. 376

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County Jackson R.C.
(b) City or town
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME Dechangelos De Franco
(b) If veteran, name war
(c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M-

6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant (b) Address

17. (a) (b) Date thereof (Month) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

20. DATE OF DEATH: Month Jan 25 day 24- year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia, acute urinary retention, Arterio-sclerotic heart disease

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Anasarca, Pulmic, Hypertrophy of Prostate
Of autopsies

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature Louis Carpelloni (Date or other) Address Date signed

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTARY

Operation done retention of urine prostate hypertrophy scapular bone

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1/29/39

