DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 34186

87249

Registration District No. 1005 — 791 — NOV 15 1939

Primary Registration District No.

Registrar's No.

**1. PLACE OF DEATH:**

(a) County: 1

(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #1. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: one day

In this community: 21 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: 1

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 11

(d) Street No.: 1909 Bacon St (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Philip Stabili 314

3. (b) If veteran, name war: -------

3. (c) Social Security No. 492-07-5076

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Rosalia Vaccaro

6. (c) Age of husband or wife if alive: 21 years

7. Birth date of deceased: February (Month) 23 (Day) 1918 (Year)

8. AGE: Years 21 | Months 7 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Driver

11. Industry or business: Trucking

FATHER
12. Name: Salvatore Stabili
13. Birthplace: Partinico (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name: Maria Spatafora
15. Birthplace: St. Giuseppe (City, town, or county) Italy (State or foreign country)

16. (a) Informant's own signature: Mrs Anna Stabili

(b) Address: 1909 Bacon St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 14, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: P. Miceli - Son

(b) Address: 1150 No. Kingshighway Bl.

19. (a) OCT 13 1939 (Date received local registrar) (b) J. Bachick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 11 year 1939 hour 3 minute 35 A. M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Gunshot wound of Chest, Abdomen and neck

Hemorrhage

Due to: Gun Shot Wound.

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy:

Duration

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Multiple Homicide

(b) Date of occurrence: Oct 10 1939

(c) Where did injury occur? St. Louis Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (Specify type of place) (e) Means of injury: Gun

23. Signature: Alfred Perry (M. D. or other) ____

Address: Deputy Coroner Date signed: 10-13-39

(Licensed Embalmer's Statement on Reverse Side)

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.

PRINT BLACK INK. MAKE A PERMANENT RECORD

X19511

## 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 Arnold W. Schoesse

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**