

Registration District No. **1002**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Faith Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital 16 days
In this community 29 years
years, months or days April 21, 1910

3. (a) PRINT FULL NAME Rosario Conigliaro 524
3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-10-4311

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Angelina Conigliaro 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Oct. 18 1894
(Month) (Day) (Year)

8. AGE: Years 44 Months II Days 28 27 If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Carlo Conigliaro
13. Birthplace Carini, Italy
14. Maiden name Pietra Batilanti
15. Birthplace Carini, Italy
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Quallina Conigliaro
(b) Address 4377 Evans

17. (a) Burial (b) Date thereof Oct. 18 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. M. ...
(b) Address 1150 N. Kingshighway Blvd

19. (a) Oct 18 1939 (b) _____
(Date received local registrar) (Signature)

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")
(d) Street No. 4377 Evans
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 29 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10/15 day 39 year _____ hour 5 minute 2 M.

21. I hereby certify that I attended the deceased from 9/30/39 to 10/15/39, 1939; that I last saw him alive on 10/15, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver & gastric hemorrhage & parasites
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy Cirrhosis of liver & gastric hemorrhage & parasites

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)
(d) 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 A. J. Signorelli (M.D. or other) _____
Address 1829 Oak Date signed 10/16/39

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

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

V. S. 11
50M-5-17-39
REV. 5-17-39
GPO 1-1939

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. Schoene*.....
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 with the above constitutes grounds for revocation of license.)

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