

STANDARD CERTIFICATE OF DEATH

State File No. **37790**  
Registrar's No. **9629**

Registration District No. **1003**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 3  
(b) City or town St. Louis.  
(c) Name of hospital or institution: Home for the Aged - LITTLE SISTERS  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis. 16  
(d) Street No. 3400 So. Grand Blvd.  
(e) If foreign born, how long in U. S. A.? 70 years

3. (a) PRINT FULL NAME Santo Miaglio 240

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 14, 1850  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 3 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Day Laborer

11. Industry or business \_\_\_\_\_

12. Name Vincet Miaglio

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

14. Maiden name Mary Laccaro

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

16. (a) Informant's own signature Sister, Sophie

(b) Address 3400 South Grand

17. (a) Burial (b) Date thereof Nov. 11, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. N. Suberski & Co.

(b) Address 2842 Meramec St.

19. (a) NOV 11 1939 (Date received local registrar)  
J. F. Bredich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th  
year 1939 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from Oct 15, 1939, to Nov 9, 1939; that I last saw him alive on Nov 7, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 1 (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature J. F. Bredich (M. D. or other)  
Address Union Club Date signed 11/10/39

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

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.

**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.....

**Robert F. Gebken**....., Registered Apprentice No. **187**

working under my personal supervision.

Signed..... *Herman A. Gebken*.....

Licensed Embalmer No. **2120**

**2842 Meramec St.**

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.**