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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4984

FILED MAR 12 1940

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1814

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Barnes Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)

In this community 16 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Williamson

(c) City or town Herrin NR (If outside city or town limits, write "RURAL")

(d) Street No. 117 No 10th (If rural, give location)

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

3. (a) PRINT FULL NAME Angelo Eovaldi

3. (b) If veteran, name war No

3. (c) Social Security No. unobtainable

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or wife~~ Maria Eovaldi

6. (c) Age of ~~husband or~~ wife if alive 48 years

7. Birth date of deceased Dk (Month) Dk (Day) 1881 (Year)

8. AGE: Years 58 Months Days If less than one day hr. min.

about

9. Birthplace Cuggino, Italy (City, town, or county) (State or foreign country) 7

10. Usual occupation Coal Miner 7

11. Industry or business 7

FATHER
12. Name George Eovaldi
13. Birthplace Cuggino (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Maria Dorkinson
15. Birthplace (City, town, or county) Italy (State or foreign country)

16. (a) Informant Maria Eovaldi

(b) Address Herrin, Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 26 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St Carlo Cemetery

18. (a) Signature of funeral director Moroni & Johnson

(b) Address Herrin, Ill

19. (a) FEB 23 1940 (Date received local registrar) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1940 hour 7:45 minute 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 Gangrene of Right Lung; CAUSE AND MANNER OF SAME COULD NOT BE ASCERTAINED

Due to

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)

(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? (Specify type of place)

While at work (e) Means of injury

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

Address Deputy Coroner Date signed 2.23.40

(Licensed Embalmer's Statement on Reverse Side)

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 Howard G. Rowland

Licensed Embalmer No. 3114

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.