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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **34266**
Registrar's No. **8963**

Registration District No. **791** Primary Registration District No. _____

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

NOV 16 1940

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: **Josephine Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME **Joseph Aliperti**
8. (b) If veteran, name war **no** 3. (c) Social Security No. **489-10-9069**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Mary Aliperti** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 5 1890**
(Month) (Day) (Year)

8. AGE: Years **50** Months **5** Days **26** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Electrician**
City

11. Industry or business **City**

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Alfred Aliperti**
(b) Address **2926a Caroline**

17. (a) **Burial** (b) Date thereof **11/2/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **E. J. Schnur**
(b) Address **E. J. Schnur 2125 Lafayette**

19. (a) **Oct 31 1940** (b) **J. J. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **18**
(If outside city or town limits, write "RURAL")
(d) Street No. **2926a Caroline St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **29**
year **1940** hour **9:40** minute **P** M.

21. I hereby certify that I attended the deceased from **Oct 28-1940**
Oct 29, 1940, to _____, 19____;
that I last saw him alive on **Oct 29**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Primary**
Ruptured Coronary Arteries
Due to **Secondary Peritonitis**
Due to _____

Duration
Over 2
years
illness

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

Major findings: _____
Of operations **none**
Of autopsy **none**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **no**
(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence **none**
(c) Where did injury occur? **none**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **none**

While at work? **none** (Specify type of place) (e) Means of injury **none**

23. Signature **J. A. O'Brien** (M. D. or other) _____
Address **1505 So Jefferson** Date signed **10-31-40**

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.....

Joseph B. Vollmer

Licensed Embalmer No..... 4014

P. O. Address..... 3125 Lafayette

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.