

No. 2
-13-40
17-39
X23159

FILED MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

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

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 3311 TEXAS AVE. /
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME JOSEPH W. LOCATELL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mae Locatell

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Aug 19 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>6</u>	hr. _____ min. _____

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Beer Salesman

11. Industry or business _____

12. Name Joseph Locatell

13. Birthplace Italy (City, town, or county) (State or foreign country) 5

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mae Locatell

(b) Address 3311 Texas Ave.

17. (a) Cremation (b) Date thereof Feb 27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Skodutis & Son

(b) Address 2906 Gravois Ave.

19. (a) FEB 26 1941 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3311 Texas Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1941 hour 2 45 A.M. minutes _____ M.

21. I hereby certify that I attended the deceased from Nov. 9, 1940 to Feb. 25, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Exhaustion Duration _____

Due to Arterio Sclerosis

Due to _____

Other conditions Prostatic Obstruction
(Include pregnancy within 3 months of death)

Major findings: Prostatic Hypertrophy PHYSICIAN _____

Of autopsy 1378 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? _____

While at work? _____ (Specify type of place) (e) Means of injury D. Gun

23. Signature D. Macedona (M. D. or other) _____
Address 3115 D. Grand Date signed 2/25/41

Handover
3115 O-Grand Tr
7-5-

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.....

Thodutus

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Thodutus

Licensed Embalmer No. *1619*

P. O. Address *2906 Havoc*

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, fact should be so stated above.