

FILLED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16515**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4033**

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:
4523 LABADIE AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County COU
(c) City or town ST. LOUIS 1018
(If outside city or town limits, write "RURAL")
(d) Street No. 4523 LABADIE AVE 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 40 1 years.

8. (a) PRINT FULL NAME DOMINICK LOIACONA

3. (b) If veteran, name war NO 8. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased Oct 18 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation STONE MASON

11. Industry or business _____

12. Name JASPER LOIACONA

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

14. Maiden name W. H.

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

16. (a) Informant Jasper Loiacona
(b) Address 4523 Labadie

17. (a) BURIAL (b) Date thereof MAY 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Wm. Kelly
(b) Address 1716 N. Taylor

19. (a) MAY 13 1941 (b) J. P. Bredeck
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1941 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from April 27
1941 to May 11 1941;

that I last saw him alive on May 10 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Myocarditis
Coronary atherosclerosis
Due (no other heart disease)

Duration
2 days
2 who

Due to _____

Other conditions
(Includes pregnancy within 3 months of death) 830

Major findings:
Of operations _____

Of autopsy _____

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? _____

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

23. Signature August P. Laudicina (LAUDICINA)
Address 3208 N. Taylor Ave Date signed 5/12/41

3208 M. Taylor

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

Clement McManis

-Licensed Embalmer No. 3932

-P.O. Address St. Louis

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.