

STANDARD CERTIFICATE OF DEATH

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4300

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4342 Laclede Residence 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600  
(c) City or town St. Louis 19 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4342 Laclede Ave  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20  
year 1941 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from Dec  
1941 to May 1941  
that I last saw him alive on May 8 19 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of prostate Duration 1 year?

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
\* 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? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Joseph D. Cieri (M. D. 0)  
Address 4612 N. Taylor Date signed 5/22/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME DANTE TRAMELLI

3. (b) If veteran, name war nil 3. (c) Social Security No. nil

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

6. (b) Name of husband or wife Terese 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 20 1979  
(Month) (Day) (Year)

8. AGE: Years 62 Months ✓ Days - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Inspector

11. Industry or business Lehigh + 4d bonds

12. Name Philip Tramelli

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

14. Maiden name Maria  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Tramelli

(b) Address 4342 Laclede

17. (a) burial (b) Date thereof 4-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem

18. (a) Signature of funeral director Walter Rows

(b) Address 4259 Levee

19. (a) MAY 22 1941 (b) J. R. Bueckel  
(Date received local registrar) (Registrar's signature)

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

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17  
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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**