

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 190340
Registrar's No. 1091

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Pine Lawn - Lindbergh, Mo.
(c) Name of hospital or institution: 620 S. Collins
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Calogero (Charles) Pavia

3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-14-3308

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 51 years
7. Birth date of deceased January 28 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>3</u>	<u>22</u>	hr. _____ min.

9. Birthplace Mazzara Del Vallo Italy
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business _____

MOTHER FATHER

12. Name Francesco Pavia
13. Birthplace Mazzara Del Vallo Italy
(City, town, or county) (State or foreign country)
14. Maiden name Vita Stella
15. Birthplace Mazzara Del Vallo Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Vita Callahan

(b) Address 4513 Ravenwood

17. (a) Burial (b) Date thereof 5/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Michelson

(b) Address 1150 N. Kingshighway Blvd

19. (a) MAY 26 1941 (b) P. R. Miller
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pine Lawn
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 5246 Janet (If rural, give location)
(e) If foreign born, how long in U. S. A.? 21 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1941 hour 3:30 minute P M.

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

Immediate cause of death Accidentally asphyxiated by cave in of dirt while digging ditch to make sewer connection.

Due to Asphyxiation.

Other conditions (Include pregnancy within 3 months of death) 5-2-2

Major findings: Of operations _____

Of autopsy Yes.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 20, 1941

(c) Where did injury occur? Jennings, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? Yes (Specify type of place) (e) Means of injury 3

23. Signature P. R. Miller (Date of death) 5/21/41

Address Kirkwood, Mo. Date signed _____

Duration
Physician
Underline the cause to which death should be charged statistically.

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

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 *and*

Anthony J. Miceli

Registered Apprentice No. *276*

working under my personal supervision.

Signed

Arnold W. Schoene

Licensed Embalmer No. *3864*

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, fact should be so stated above.