DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20089
Registrar's No. 4901

Registration District No. 791 Primary Registration District No. 1003

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: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community 40 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1635 Arlington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 43 years.

3. (a) PRINT FULL NAME Antonia Bello

3. (b) If veteran, name war -----

3. (c) Social Security No. ------

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Angelo Bello

6. (c) Age of husband or wife if alive 70 years

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

8. AGE: Years 64 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Francesco Paolo Bruno
13. Birthplace St. Lorenzo (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Maria Angela Russo
15. Birthplace (City, town, or county) Italy (State or foreign country)

16. (a) Informant's own signature A. J. Bello
(b) Address 1635 Arlington ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director P. Miceli-Son
(b) Address 1150 N. Kingshighway Blvd.

19. (a) JUN 13 1941 (Date received local registrar) (b) J. T. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1941 hour 10 A.M. minute M.

21. I hereby certify that I attended the deceased from May 20, 1941, to June 13, 1941, that I last saw he alive on June 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Septic Nephritis Bilateral
Stone Blocking Rt Kidney
Due to Chronic Infection
Due to
Other conditions (Include pregnancy within 3 months of death) Cirrhosis of Liver
Diabetes — Chronic Myocarditis
Major findings:
Of operations Surgery Abscess Rt Kidney.
Of autopsy Cirrhosis Liver. Myocarditis Bilateral pyelo nephrosis

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 H. L. Gibbs (M. D. or other) M.D.
Address 5298 Page Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

I X19511

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 Anthony J. Miceli, Registered Apprentice No. 276 working under my personal supervision.

Signed Arnold Schoen

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, above space should be left blank.