No. 2
1-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29918

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7257

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: Pronounced dead City Hosp #10 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Yes

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, MO. 4 12 (If outside city or town limits, write "RURAL")

(d) Street No. 2016 Prather Ave (If rural, give location) 2

(e) Citizen of foreign country? The Attending Physician (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Domenico Meoli

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 (Month) 10 (Day) 1928 (Year)

8. AGE: Years 13 Months 6 Days 26 If less than one day hr. min.

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

10. Usual occupation School Boy

11. Industry or business

MOTHER FATHER

12. Name Joseph Meoli

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

14. Maiden name Filomena Romano

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

16. (a) Informant Joseph Meoli

(b) Address 2016 Prather Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9.9.41 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul Cem

18. (a) Signature of funeral director Paul C. Calcaterra

(b) Address 5142 Daggett Ave

19. (a) SEP 9 1941 (Date received local registrar) (b) J. M. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5th year 1941 hour 4:05 minute P. M.

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

Immediate cause of death: Hemorrhage from Ruptured Spleen Lacerated Mesentery. Fracture of Spine Sustained while Ascending Stairs to the Bed of River Des Peres at Jamy Avenue and Schaeffer Rd Broken Skull Sustained Disloding a Boulder which fell upon

Duration

Other conditions (Include pregnancy within 3 months of death) between 3 P. and 4:00 PM Sept 5-1941

Major findings: Of operations

Of autopsy 186 NO

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) Accident

(b) Date of occurrence Sept 5 1941

(c) Where did injury occur? St Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? River Des Peres (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Thomas F. Allerson (M. D. or other)

Address Deputy Coroner Date signed 9/8/41

(Licensed Embalmer's Statement on Reverse Side)

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 Paul C Calcaterra

Licensed Embalmer No. 2376

P.O. Address 6142 Dagge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.