

No. 2  
-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33586**

DIED NOV 24 1941 **791**

Primary Registration District No. **1003**

Registrar's No. **8544**

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**St. Louis City Hospital #1 ( )**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **1 Mo. 7 Days**  
(Specify whether)

In this community..... **37 years**  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

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

(d) Street No..... **4102a Lexington Ave.**  
(If rural, give location)

(e) Citizen of foreign country?..... **Yes** (Yes or No)  
If yes, name country..... **Italy**

3. (a) PRINT FULL NAME..... **Pietro Magliari**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **487-18-3591**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **October** day..... **26,**  
year..... **1941** hour..... **1:55** minute..... **P.** M.

4. Sex..... **Male ( )** 5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **Lena Magliari** 6. (c) Age of husband or wife if alive..... **48** years

7. Birth date of deceased..... **April 15, 1883**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... **September 19,** 19**41** to **October 26,** 19**41**; that I last saw him alive on..... **October 26,** 19**41**; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>58</b>	<b>6</b>	<b>11</b>	hr. min.

Immediate cause of death..... **Arteriosclerotic thrombosis left middle cerebral artery 7 days**

Due to..... **Encephalomalacia**

Due to..... **Arteriosclerosis generalised**

Due to..... **Tuberculous meningitis (vested) 2 yrs**

Other conditions..... **Cystitis, acute inflammatory 7 days**

(Include pregnancy within 3 months of death) **Amniarrosis 7 days**

9. Birthplace..... **Italy** **5-**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Night Watchman**

11. Industry or business..... **Mo Paper Stock Co.**

Major findings:  
Of operations..... **300**

Of autopsy..... **As above**  
**Rt pneumothorax pericarditis**

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name..... **Salvatore Magliari**

13. Birthplace..... **Italy** **5-**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown.**

15. Birthplace..... **Italy** **5-**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)..... **abuse.**

(b) Date of occurrence.....

16. (a) Informant..... **Lena Magliari**

(b) Address..... **4102a Lexington Ave.**

17. (a) **Burial** (b) Date thereof..... **Oct. 29, 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

(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?.....

(Specify type of place)

While at work?..... (e) Means of injury..... **0**

18. (a) Signature of informant..... **Robert J. Nicholls**

(b) Address..... **1431 Union Blvd.**

19. (a) (Date received local registrar)..... **OCT 28 1941** (b) **J. F. Bruck**  
(Registrar's signature)

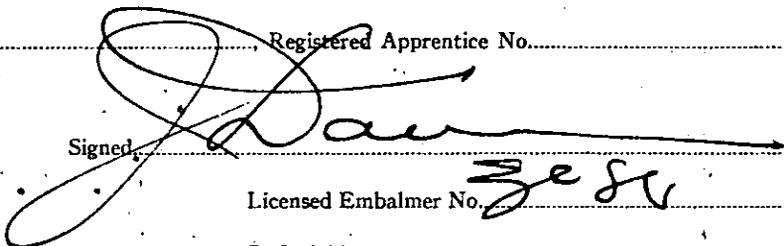
23. Signature..... **L. V. Mulligan** (M.D.)  
Address..... **1515 Lafayette Ave.** Date signed..... **10/27/41**

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.....  
.....  
working under my personal supervision.

Signed,

.....  
Registered Apprentice No.....  
Licensed Embalmer No. *3250*.....

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.**