No. 2
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DEPARTMENT OF COMMERCE
(BUREAU OF THE CENSUS)
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33685

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 8643

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1915 Edwards St.
(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. 17/3
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1915 Edwards St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Angelo Chiodini
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Cucco
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased 3 (Month) 25 (Day) 1887 (Year)
8. AGE: Years 54 Months 7 Days 3 If less than one day ____ hr. ____ min.
9. Birthplace Italy 0 (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business Laborer
FATHER 12. Name Nazaro Chiodini
FATHER 13. Birthplace Italy 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Louise Magestrelli
MOTHER 15. Birthplace It aly (City, town, or county) (State or foreign country)
16. (a) Informant Rose Chiodini
(b) Address 1915 Edwards St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10.31.41 (Month) (Day) (Year)
(c) Place: burial or cremation Mount St Peter & Paul
18. (a) Signature of funeral director Carl C Calcaterra
(b) Address 5142 Daggett ave
19. (a) OCT 30 1941 (Date received local registrar) (b) J J Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th year 1941 hour 10 minute P M.
21. I hereby certify that I attended the deceased from Oct 17, 1941, to Oct. 28th, 1941; that I last saw h alive on Oct. 28, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of liver	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Charles Montani (M. D. or other) M.D.
Address 5147 Daggett ave. Date signed 10-30-41

(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 5142 Daggett

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

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