

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. St. Louis
(c) Name of hospital or institution: 6456 Lloyd Ave.
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. St. Louis
(c) City or town. St. Louis
(d) Street No. 6456 Lloyd Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph J. Capelli

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widower

6. (b) Name of husband or wife. Late Amelia Capelli 6. (c) Age of husband or wife if alive years

7. Birth date of deceased. Dec. 31st 1879 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 0 24 hr. min.

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

10. Usual occupation. Fire Dept. (City, town, or county)

11. Industry or business. Fire Dept.

12. Name John Capelli 13. Birthplace Italy (State or foreign country)

14. Maiden name. Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant John Capelli (b) Address 6424a Oakland Ave.

17. (a) Burial (b) Date thereof 1-27-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. Kriegshauser Mortuarie (b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 2 1942 (Date received local registrar) (b) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 24th day 9:45 hour A.M. minute 1942 year

21. I hereby certify that I attended the deceased from Jan. 13 1942 to Jan. 24 1942 that I last saw him alive on Jan. 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary Tuberculosis - 1 year

Due to. Chronic Bronchitis 3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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?

23. While at work? (Specify type of place) (e) Means of injury

23. Signature J. P. Themer (M. D. or other) Address 6200 Columbia Date signed 1/24/42

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

0099

6200 Columbus Ave
7-8

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

Edwin M. Perrott

Licensed Embalmer No. 3024

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.