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7. S. No. 2  
DM-1-4-41  
v. 5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

539

FILED FEB 24 1942 91

Primary Registration District No.

1003

Registrar's No.

239

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 **D**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days (Specify whether  
In this community 30 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 23-11  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 1103 North 7th Street  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alphonse Leone

3. (b) If veteran, name war: ---- 3. (c) Social Security No. -----

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed widowed  
6. (b) Name of husband or wife Francesca 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 15 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 4 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Giuseppe Leone  
13. Birthplace Terrasini Italy  
(City, town, or county) (State or foreign country)  
14. Maiden name Maria Manzella  
15. Birthplace Terrasini Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Leone  
(b) Address 1103 N 7th St.

17. (a) Burial (b) Date thereof Jan. 10 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Mich - son  
(b) Address 1150 N. King highway

19. (a) JAN 10 1942 (b) J. F. Prudek  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6,  
year 1942 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from January 4, 1942, to January 6, 1942  
that I last saw him alive on January 6, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac disease (undiagnosed)  
Syphilis  
Due to \_\_\_\_\_

Duration

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Refused  
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 Don Peterson (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue Date 1/8/42

(Licensed Embalmer's Statement on Reverse Side)

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

060  
19  
9

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**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..... *Arnold W. Schoene* .....

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, fact should be so stated above.**