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V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4095 1433

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

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 1Mo. 7Days (Specify whether years, months or days)
In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 020 17 9
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 A Sarfields Place
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME Calogero (Charles) Piondo
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
6. (b) Name of husband or wife Grazia
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 11 (Day) 1876 (Year)

8. AGE: Years 65 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Cinisi (City, town, or county) Italy (State or foreign country)
10. Usual occupation Labor
11. Industry or business

FATHER
12. Name Francesco Biondo
13. Birthplace Cinisi (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Crucirissa Caglio
15. Birthplace Cinisi, (City, town, or county) Italy (State or foreign country)

16. (a) Informant Frank Biondo
(b) Address 1623 N. 19th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director P. Nicli-Son
(b) Address 1150 N. Kingshighway Blvd.
19. (a) FEB 16 1942 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14. year 1942 hour 6:50 minute A. M.
21. I hereby certify that I attended the deceased from January 7. 1942 to February 14. 1942 that I last saw him alive on February 14. 1942 and that death occurred on the date and hour stated above.

Immediate cause of death 1) Pulmonary embolus
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Benign prostatic obstruction.
Major findings: Of operations Large prostate
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. W. Streuler (M. D. or other)
Address 1515 Lafayette Avenue Date 2/14/42

(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 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.