

5. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

8437
State File No. 2430
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2614 Madison Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life time
(Specify whether
In this community Life time
years, months or days)

3. (a) PRINT FULL NAME Louis J. Cuneo,
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 married
6. (b) Name of husband or wife Amelia A. Cuneo,
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 23, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 23 hr. min.

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

10. Usual occupation Gas fitting contractor,

11. Industry or business gas fittings.

MOTHER FATHER { 12. Name John B. Cuneo,
13. Birthplace Italy. 5
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Cuneo,
15. Birthplace Italy. 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Louis J. Cuneo

(b) Address 2614 Madison Street,

17. (a) burial (b) Date thereof 3/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive Street,

19. (a) MAR 17 1942 (Date received local registrar)
J. T. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 20
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 2614 Madison St., (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day March
year 1942 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from 3/12
1942 to 3/16 1942
that I last saw him alive on 16 March 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage
Due to Hypertension & Atherosclerosis

Other conditions U1
(Include pregnancy within 3 months of death)

Major findings:
Of operations U1
Of autopsy U1
PHYSICIAN U1
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? (c) Means of injury

23. Signature J. T. [Signature] (M. D. or other)
Address 3201 Washington Date signed 3/17/42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Rev. B. F. Furbush

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive St.*

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.