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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12

State File No. 18919

Registration District No. 784 Primary Registration District No. 115 Registrar's No. 1123

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

AUG 6 1942

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, 7430 Trenton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96
(a) State Missouri (b) County St. Louis 3
(c) City or town University City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 7430 Trenton Avenue 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 35 years years.

3. (a) PRINT FULL NAME JOSEPH AVELLONE
3. (b) If veteran, name war no
3. (c) Social Security No. 492-03-0126
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Katherine Carli Avellone
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased 9 (Month) 9 (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
47	8	12	hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Laclede Gas Co.
FATHER
12. Name Frank Avellone
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)
MOTHER
14. Maiden name Gandolfa De Vita
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)
16. (a) Informant Mrs Katherine Avellone
(b) Address 7430 Trenton Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5— 25-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery
18. (a) Signature of funeral director Alexander J. Sons
(b) Address 6175 Delmar Blvd.
19. (a) MAY 22 1942 (Date received in Registrar) (b) E. G. McGannon M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1942 hour 10 P.M. minute 50 M.
21. I hereby certify that I attended the deceased from March 2, 1942, to May 21st, 1942 that I last saw him alive on May 21st, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolism of Left side of brain	6 hours
Due to Mitral Stenosis	10 years
Due to Auricular Fribrillation	1 year
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 92b
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Charles N. Gulmeau (M. D. or other)
Address 5183 Cabanne, Ave. Date signed 5/22/42

707 (Licensed Embalmer's Statement on Reverse Side)

12437 M.

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 Raymond L. Morris, Registered Apprentice No. 790 working under my personal supervision.

Signed Jos. E McCullok

Licensed Embalmer No. 2460

P. O. Address 6135 Delmar

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.