S. No. 2
—9-4-41
. 5-17-39
PI X29484

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

FILED AUG 20 1942
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25873

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6688

1. PLACE OF DEATH:
(a) County: St. Louis, Mo.
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4mos. 17dys. (Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 925 (If outside city or town limits, write "RURAL")
(d) Street No. 1513½ Franklin (rear) (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME VINCENT DI GREGARIO
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years About 76 years; Months; Days; If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Italy 5 (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Italy 5 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Italy 5 (State or foreign country)
16. (a) Informant Joseph Dinolfo
(b) Address 2331 Mullanphy
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen & Kelly
(b) Address 4416 Taylor Ave
19. (a) AUG 8 1942 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3 year 1942 hour 5:45 minute P. M.
21. I hereby certify that I attended the deceased from 7-1-42, 19..., to 8-3-42, 19...; that I last saw h. 1m alive on 8-3-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis (onset 1mo.)
Broncho Pneumonia (onset 3 days)
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Bilateral Inguinal hernia
Pyorrhea
Major findings:
Of operations
Of autopsy Yes.

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 Stanley S. Menec (M. D. or other) M.D.
Address Date signed 8/3/42

(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.....Harry E. Jolley

Licensed Embalmer No.....4078

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.