S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28526

FILED OCT 14 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8239

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

1. PLACE OF DEATH:

(a) County:

(b) City or town: St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2303 Marconi St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 48 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 137

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2303 Marconi
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Angelo Belloli

3. (b) If veteran, name war no

3. (c) Social Security No. 492-03-5653

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Guseppa Tappella

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. (Month) 7 (Day) 1875 (Year)

8. AGE: Years 66 Months 10 Days ~~25~~ 27 If less than one day hr. min.

9. Birthplace (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Tile Moulder

11. Industry or business

FATHER
12. Name Louis Belloli
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Lousa Calcaterra
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Guseppa Belloli
(b) Address 2303 Marconi

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter Paul Cem.

18. (a) Signature of funeral director Paul C Calcaterra
(b) Address 5142 Daggett Ave

19. (a) OCT 5 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4 year 1942 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Sept. 27, 1942 to Oct 4, 1942 that I last saw him alive on Oct. 3, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ~~Myocarditis~~ Asthma Dilated Rheart	1 yr. 1 wk.
Due to Ch. Myocarditis & Nephritis	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature L. A. Millikin (M. D. or other) MD
Address 2608 S. Kingshighway Date signed 10/5/42

(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 Frank C Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.