V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31919

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8817

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town St Luke Hospital (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Lukes Hospital (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, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo (b) County 17
(c) City or town St Louis 6 (If outside city or town limits, write "RURAL")
(d) Street No. 1028 Hamilton (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Vincent Faille
3. (b) If veteran, name war no
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 Mary Faille
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased May (Month) 3 (Day) 1889 (Year)

8. AGE: Years 53 Months 5 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Italy 5 (State or foreign country)
10. Usual occupation Shoe Repairman
11. Industry or business
12. Name Charles Faille
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)
14. Maiden name Lena Faille
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)
16. (a) Informant Mary Faille
(b) Address 1028 Hamilton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New S S Peter Paul Cemetery
18. (a) Signature of funeral director Paul C Calcaterra
(b) Address 5142 Daggett Ave
19. (a) OCT 24 1942 (Date received local registrar) J. F. Brunck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1942 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct 17, 1942 to Oct 22, 1942 that I last saw him alive on Oct 22, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	14 day
Due to Arteriosclerosis	
Due to	
Other conditions Decompensation (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Aut. Coronary Infarction Acute Congestion

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

Supplemental filed showing regulated [illegible] 6-21-47 R.R.

23. Signature R. Wendell Stewart (M. D. ~~or other~~)
Address St. Luke's Hosp. Date signed 10-23-42

844

(Licensed Embalmer's Statement on Reverse Side)

#P

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 [redacted], Registered Apprentice No. [redacted], working under my personal supervision.

Signed Sam C Calcaterra

Licensed Embalmer No. 237 [redacted]

P. O. Address 5142 Doggett [redacted]

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31919

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH:
(a) County: Saint Louis, Missouri
(b) City or town: ..... (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community since May 20th 1926

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: .....
(c) City or town: Saint Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1028 Hamilton Avenue (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country: Italy

3. (a) PRINT FULL NAME: Giovanni Caronna
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: married
6. (b) Name of husband or wife: Maria Caronna nee Failla
6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: May 3th 1889 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	5	19	hr. ..... min.

9. Birthplace: Bisacquino, ~~prov. Palermo~~, Italy (City, town, or county) (State or foreign country)
10. Usual occupation: Shoe repairman
11. Industry or business: .....

MOTHER FATHER
12. Name: Vincenzo Caronna
13. Birthplace: Bisacquino, Italy (City, town, or county) (State or foreign country)
14. Maiden name: Antonina
15. Birthplace: Bisacquino, Italy (City, town, or county) (State or foreign country)

16. (a) Informant: Maria Failla
(b) Address: 1028 Hamilton Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation: New SS. Peter&Paul
18. (a) Signature of funeral director: .....
(b) Address: 5142 Daggett Avenue
19. (a) 10-24-42 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd year 1942 hour 9:50 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 17th 1942 to Oct. 22nd 1942 that I last saw him alive on October 22nd 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	14 days
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Decompensation	

Major findings:
Of operation: .....
Of autopsy: Acute Coronary infarction
Acute congestion

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: ..... (M. D. or other) .....
Address: ..... Date signed: .....

SUPPLEMENTARY

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1947

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 .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri)
s.s.
City of St. Louis)

31919

I, Mary Faille, of lawful age and wife of Vincent Faille, Caronna, depose and say that my husband had used the name Vincent Faille as an alias. His true and correct name is, as per attached marriage certificate, Vincent Carrona.

Deponent further asks that the death record be corrected and all be known as Vincent Carrona

x Mary Faille
1028 Hamilton

supplemental to record # 31919

Subscribed and sworn to before me on this 20th day of May, 1947.

SUPPLEMENTARY

Ela C. Paddock
Notary Public.

My Commission Expires March 4th, 1949

MAY 21 1947