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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 4466

FILED MAR 2 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1738

**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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:** 000 17 925

(a) State Missouri. (b) County

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

(d) Street No. 1323 N. 14th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Angelo Licavoli.

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 Rosalie Licavoli.

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug. 7, 1876.
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 66 | 6 | 13 | hr. min. |

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

10. Usual occupation Retired Fruit Dealer.

11. Industry or business

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

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

16. (a) Informant Rosalie Licavoli
(b) Address 1323 N. 14th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23. 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Beaucett-Pirhan
(b) Address 1431 Union Blvd.

19. (a) FEB 22 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 20 year 1943 hour 1 minute 40 p. M.

21. I hereby certify that I attended the deceased from 11/16, 1942 to 2/26, 1943 that I last saw him alive on 2/20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death General Metastasis

Due to Renal Hypernephroma 13 M

Due to 5 M

Other conditions (Include pregnancy within 3 months of death) R. nephrectomy 12/5/42

Major findings:
Of operations

Of autopsy none

Duration

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 Leo J. Barth (M. D. or other)

Address 3132 9th Date signed 2/22/43

(Licensed Embalmer's Statement on Reverse Side)

Bartlett = Century Body 11-1

## 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 John Ketter

Licensed Embalmer No. 3880

P. O. Address .....

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

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