

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7607
State File No. _____
Registrar's No. 277

Registration District No. 277 Primary Registration District No. 101

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton Twp.
(c) Name of hospital or institution: St. Louis County Hosp.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(d) Street No. 6 Greendale
(e) Citizen of foreign country? NO.

3. (a) PRINT FULL NAME John Inchiostro Jr.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 2
year 1943 hour 8:10 minute P M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 5 1930
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
12 6 27 hr. _____ min.

Immediate cause of death Brokenthrough thin ice while skating on pond at Normandy Golf club.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Due to Edema of lungs.
Due to _____

10. Usual occupation Student

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____

MOTHER FATHER {
12. Name John Inchiostro
13. Birthplace Ragusa Italy
14. Maiden name Lena Spina
15. Birthplace St. Louis Missouri

Of autopsy Yes.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant John Inchiostro
(b) Address Normandy, Mo.
17. (a) Burial (b) Date thereof Feb. 6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 096
(b) Date of occurrence Feb. 2, 1943
(c) Where did injury occur? Normandy Gold Club
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director P. Miceli - Son
(b) Address 1150 N. Kingshighway Blvd.
19. (a) FEB 5 1943 (b) E. A. Mc Lary, Jr.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury h
23. Signature Louis H. Papp (D. or other)
Address Kirkwood, Mo. 2-3-43 Date signed _____

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

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..... *Arnold W. Schoene*
Licensed Embalmer No. *3864*
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.