

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 18 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4338

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5240 Chippewa Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5240 chippewa Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ALEXANDER DELLAVEDOVA

3. (b) If veteran, name war..... 3. (c) Social Security No. 492-03-4350

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Regina Dellavedova 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased September 9, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 7 29 hr. min.

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

10. Usual occupation Night Watchman
11. Industry or business A. B. C. Brewing Co.

12. Name Anthony Dellavedova

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

14. Maiden name Catherine Unknown

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

16. (a) Informant Regina Dellavedova

(b) Address 5204 Chippewa Street

17. (a) Burial (b) Date thereof 5-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sun Set Burial Park

18. (a) Signature of funeral director Wm. J. Robert

(b) Address 1905 South Grand Blvd

19. (a) MAY 10 1943 (b) J. F. Bredeh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day Eight
year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 24th,
1943 19... to May 8th, 19 43
that I last saw him alive on May 7th 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute Myocarditis * 1 wk.
from Hypertension
Due to Arteriosclerosis
and
Hypertension 6 mo.

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

Major findings:
Of operations XXXXX

Of autopsy XXXX

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) NO
(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?

While at work..... (Specify type of place) Means of injury.....

23. Signature Dr. W. H. Hatters (M. D. J. H. H. H.)
Address 3608 S. Grand Blvd. Date signed 5/8/43

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 William J. Hiron

Licensed Embalmer No. 4319

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.