No. 2
—2-43
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32810

FILED OCT 2 - 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2191

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Ferdinand Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County 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 years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Ferguson 096
(If outside city or town limits, write "RURAL")
(d) Street No. 317 Margueritte 2
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph A. Prestia

3. (b) If veteran, name war No L

3. (c) Social Security No. 492-01-8650

4. Sex D M

5. Color or race W

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

6. (b) Name of husband or wife Josephine Prestia

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Sept (Month) 8 (Day) 1897 (Year)

8. AGE: Years 46 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name Salvatore Prestia
13. Birthplace Mazzara del Vallo Italy 5
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maranina Piacente
15. Birthplace Mazzara del Vallo Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Prestia 317 Marguerite
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30-43 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery Jefferson Barracks Mo.

18. (a) Signature of funeral director P. Miele & Son
(b) Address 1150 N. Kingshighway Blvd.

19. (a) SEP 29 1943 (Date received local registrar) (b) C. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1943 hour 4:35 minute P M.

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

Immediate cause of death Natural causes.

Due to Chronic aortic valvulitis; Stenosis of astia; Hypertrophy
Due to and dilatation of heart.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95C2

Of autopsy Yes.

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 0

23. Signature H. S. Neyboggle Deputy Coroner (M. D. or other)
Address Kirkwood, Mo. 9-27-43 Date signed

(Licensed Embalmer's Statement on Reverse Side)

OCT 13 1945

JUN 16 1945

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.