V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5017

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 1883

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 7 years

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis

(c) City or town Valley Park (If outside city or town limits, write "RURAL") NR

(d) Street No. 332 Benton St (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country Italy

3. (a) PRINT FULL NAME Pasquale D'Agostino

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 25 (Day) 1873 (Year)

8. AGE: Years 70 Months 10 Days 29 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name Rosario D'Agostino

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

14. Maiden name Mary D'Agostino

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

16. (a) Informant John R. D'Agostino

(b) Address 7729 Lyle Ave Richmond Hgts Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/44 (Month) (Day) (Year)

(c) Place: burial or cremation Sacred Heart Cem. Normandy

18. (a) Signature of funeral director Mittelberg Fun. Home Inc.

(b) Address Webster Groves, Mo

19. (a) FEB 25 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23 year 1944 hour 1:30 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 Fracture of skull, when he jumped from a fourth story bathroom window of Memorial Baptist Hospital while being hospitalized - about 1:30 P.M. Feb. 23 1944

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H&H

Of autopsy

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) Suicide

(b) Date of occurrence Feb 23 1944

(c) Where did injury occur? St Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? No Means of injury Jump from window

23. Signature Alfred Werry (M. D. or other)

Address Date signed 3/23/44

(Licensed Embalmer's Statement on Reverse Side)

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 M. Meyer

Licensed Embalmer No. 5288

P. O. Address. Kirkwood, 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.