

S. No. 2
OM-5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5649

State File No. _____

FILED FEB 28 1944
318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 1473

1. PLACE OF DEATH:

(a) County St. Louis
(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. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17-days
In this community 50 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2644 Bernard St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th.
year 1944 hour 9 minute 15 a.m.

21. I hereby certify that I attended the deceased from 1-27 1944, to 2-13 1944.
that I last saw him alive on 2-13-44 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Failure
Chr. Myocarditis
Chr. Nephritis
Due to Carcinoma of descending Colon
Hypertension
Due to Chronic Renal Vascular Disease

Duration
17 days
17 days
17 days
17 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations no OR
Of autopsy none

3. (a) PRINT FULL NAME Eliseo Rigali

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Delia Rigali 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 2nd., 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 11 hr. min.

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

10. Usual occupation Grocer

11. Industry or business _____

12. Name Eliseo Rigali

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Anna Cain

(b) Address 2728 Randolph St.

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

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) FEB 15 1944
(Date received local registrar) (Registrar's signature)

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? _____ Means of injury _____

23. Signature George J. McKee (M. or other) _____

Address 3903 Olive St. Date signed 2-14-44

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Dr. ...
Wall Bldg. after 4 pm.

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Linnell

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.