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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4338**

FILED MAY 20 1944
Registration District No. _____

Primary Registration District No. **1003**

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: **Hadley Voc. School. 3**
(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 **St. Louis 3**
(c) City or town **University, Ct.** (If outside city or town limits, write "RURAL") **N.R.**
(d) Street No. **1024 Leona** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George Ventimiglia.**

3. (b) If veteran, name war **World War #1.** 3. (c) Social Security No. **495-22-0686**

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

6. (b) Name of husband or wife **Vincenza Ventimiglia** 6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **Nov. 6, 1892**
(Month) (Day) (Year)

8. AGE: Years **51** Months **6** Days **2** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Oiler**

11. Industry or business **Mid West Pipe & Supply Co.**

MOTHER FATHER

12. Name **Isadore Ventimiglia**

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

14. Maiden name **Vita Valenti.**

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

16. (a) Informant **Vincenza Ventimiglia**
(b) Address **1024 Leona Ave. U. City**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 15, 1944**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Beusick Wehner**
(b) Address **1431 Union Blvd.**

19. (a) **MAY 10 1944** (Date received local registrar) (b) **J. T. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8**
year **1944** hour **9** minute **45 P.M.**

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.

Immediate cause of death _____

Chronic Myocarditis
Due to *with Multiple Infaracts*
Due to _____

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

Major findings: **93d**
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury **3**

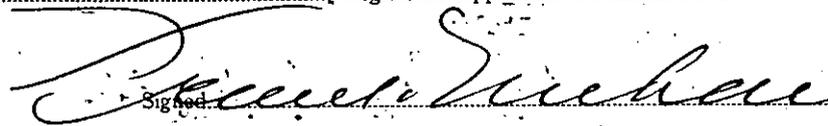
23. Signature **Thomas F. Collins** (M. D. or other) _____
Address **Deputy Carons** Date signed **5-10-44**

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

APR 28 1950

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: 

Licensed Embalmer No. 5915

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.