

FILED JUN 19 1944

318

1003

Registration District No. 1944 Primary Registration District No.

Registrar's No. 5226

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:
1130 Euclid Ave
 (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) 1

3. (a) PRINT FULL NAME Dominic Consiglio

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 January 1 1932
 (Month) (Day) (Year)

8. AGE: Years 12 Months 5 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER

12. Name Joseph Consiglio

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

14. Maiden name Piromella Pommaro

15. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Filomena Consiglio

(b) Address 1130 Euclid Ave

17. (a) Burial _____ (b) Date thereof June 9-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Meeli-Sons

(b) Address 1150 N. Kingshighway Plvd

19. (a) JUN 8 1944 (Date received local registrar) J. J. Budenz (Registrar's signature)

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. 1130 Euclid Ave.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
 year 1944 hour 12:45 minute A. 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 Methane Gas Poisoning when found in an abandoned well in the rear yard of his home, 1130 N. Euclid Ave. around 12:45 A.M., June 6, 1944.

Due to _____

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

Major findings: 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) Accident
 (b) Date of occurrence June 6, 1944
 (c) Where did injury occur? St. Louis, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
About home

(Specify type of place) _____ (e) Means of injury _____

23. Signature W. J. Perry (M.D. or other) _____
 Address _____ Date signed 6/8/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A FEW MINUTE 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..... *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.