V. S. No. 2
DM—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1944

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24681

Primary Registration District No. 2000

Registrar's No. 601

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
O'Reilly General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 145 days (Specify whether
In this community 145 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5126 Shaw Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME JOSEPH N FILIPPELLO

3. (b) If veteran, name war World War II

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 ~~xx~~ years

7. Birth date of deceased April (Month) 10 (Day) 1907 (Year)

8. AGE: Years 37 Months 3 Days 8 If less than one day hr. — min.

9. Birthplace Independence (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation Truck driver

11. Industry or business Hardware

FATHER
12. Name Nick Filippello
13. Birthplace Palermo (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Ann Correnti
15. Birthplace Palermo (City, town, or county) Italy (State or foreign country)

16. (a) Informant Vincent Filippello
(b) Address 5126 Shaw Ave, St Louis, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/19/44 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 7-19-44 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1944 hour 6 minute 09 A M.

21. I hereby certify that I attended the deceased from 25 February 1944, to 18 July 1944, that I last saw him alive on 18 July 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis, staphylococcus aureus, postoperative — Duration 37 days

Due to Secondary to operation for Stenosis, traumatic, adquaduct of ~~Due to~~ sylvius

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

Major findings: Of operations Hydrocephalus, obstructive, secondary to stenosis, traumatic, aquaduct of sylvius
Of autopsy Meningitis, bronchopneumonia, Oesophalgomalacia

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 29 November 1943
(c) Where did injury occur? Near Oran, Algeria, N. Africa (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In open country (Specify type of place)
While at work? Yes (e) Means of injury Automobile collision

23. Signature [signature] (M.D. or other) [signature]
Address O'Reilly Gen. Hospital Date signed 7-18-44

937 (Licensed Embalmer's Statement on Reverse Side) Spfd., Mo.

A report submitted to the Bureau of the Census.

SEP 1 1944

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. 3177

P. O. Address Springfield 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.