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#16211
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1944

Registration District No. 948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35700

Registrar's No. 10122

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1mo-25 days (Specify whether
In this community 38 Years.
years, months or days)

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. 1006 North 11th St.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3. (a) PRINT FULL NAME SALVATORE (Sam) Briguglio

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 Married
6. (b) Name of husband or wife Mamie
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased September (Month) 3 (Day) 1886 (Year)

8. AGE: Years 58 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Cinisi (City, town, or county) Italy (State or foreign country)
10. Usual occupation Labor
11. Industry or business

FATHER
12. Name Giusenne Briguglio
13. Birthplace (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Maria Galati
15. Birthplace (City, town, or county) Italy (State or foreign country)

16. (a) Informant Mamie Briguglio
(b) Address 1006 N. 11 St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director P. Miceli-Sons
(b) Address 1150N. Kingshighway Blvd.
19. (a) NOV 28 1944 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th year 1944 hour 4:05 minute A. M.
21. I hereby certify that I attended the deceased from 10/2/44, 19..., to 11/27/44, 19...; that I last saw him alive on 11/27/44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	
Due to	
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(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

23. Signature Herbert C. Fritz (M.D. or other)
Address 1515 Lafayette Date signed 11/27/44

(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 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.