. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 314

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14571

Primary Registration District No. 6076

Registrar's No. 815

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
6846 Grove St.
(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

(c) City or town Pine Lawn 4-6
(If outside city or town limits, write "RURAL")

(d) Street No. 6846 Grove St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Pietro Lo Gaglio

3. (b) If veteran, name war No

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 Marguerite Lo Gaglio

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October (Month) 12 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	5	19	hr. min.

9. Birthplace Particina (City, town, or county) Sicily (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business .....

FATHER
12. Name Joseph Lo Gaglio
13. Birthplace (City, town, or county) Sicily (State or foreign country)

MOTHER
14. Maiden name Marie Russo
15. Birthplace (City, town, or county) Sicily (State or foreign country)

16. (a) Informant Mrs. Marguerite Lo Gaglio
(b) Address 6846 Grove St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4- 3- 45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) APR 8 1945 (Date received local registrar) (b) Dr. E. G. McGowan Dy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1945 hour 2 minute 0 P M.

21. I hereby certify that I attended the deceased from Oct. 13, 1945 to March 31, 1945 that I last saw him alive on March 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Decompensation	6m
Anasarca	2 M.
Due to Chronic Myocarditis	6 yrs
Due to	
Other conditions (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? (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Fred H Krug (M. D. ~~or other~~)
Address 2249 St. Louis ave Date signed 4/2, 45

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1946

APR APR 25 1945

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 Fred Frick

Licensed Embalmer No. 3186

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.