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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15446

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4835

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: 5200 Botonical Ave
(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 Mo (b) County 000 13

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

(d) Street No. 5200 Botonical Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Angelo Numi

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 6

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Angelina

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Aug (Month) 8 (Day) 1886 (Year)

8. AGE: Years 58 Months 9 Days 19 If less than one day hr. min.

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

10. Usual occupation Prop Buffet

11. Industry or business Tavern

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

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

16. (a) Informant Joe Numi
(b) Address 5200 Botonical Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 45 (Month) (Day) (Year)
(c) Place: burial or cremation New St Peter Paul

18. (a) Signature of funeral director Kriegshauser
(b) Address 4208 So. Kingshighway

19. (a) MAY 31 1945 (Date received local registrar) (b) J. F. Bridrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1945 hour 7.30 PM minute M.

21. I hereby certify that I attended the deceased from 12/21, 1944 to 5/27, 1945 that I last saw him alive on 5/27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Mitral Reg.	6 Months
Due to Chronic Interstitial Nephritis	12 Months
	12 Months

Other conditions (Include pregnancy within 3 months of death) 0

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 Albert F. Bine (M. D. or other)

Address 1841 S. 12th Date signed 5/29/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Bina
1941 Lo 12th
Fire Morning

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address .....

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.