S. No. 2
OM—2-43
v. 5-17-39
X39897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 21802

Registration District No. 318 Primary Registration District No. 1008 Registrar's No. 6195

**1. PLACE OF DEATH:**

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community 50 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4552 McKinley Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis Crivelli
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 Widower
6. (b) Name of husband or wife Josephine Crivelli
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 16, (Day) 1877 (Year)
8. AGE: Years 68 Months 4 Days 0 If less than one day hr. min.
9. Birthplace Iarolo (City, town, or county) Switzerland (State or foreign country)
10. Usual occupation Chef. Congress Hotel
11. Industry or business
FATHER 12. Name Joseph Crivelli
FATHER 13. Birthplace Switzerland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Adelaida Dotta
MOTHER 15. Birthplace Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant Adelaide Crivelli
(b) Address 4552 McKinley Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) JUL 27 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 16 year 1945 hour 7 minute 30P. M.
21. I hereby certify that I attended the deceased from July 15 1945, to 19..; that I last saw him alive on July 16 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Fistula between Aortic Vena Cava — Duration
Due to Ruptured Aortic Aneurism into Vena Cava.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy same as above

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury
23. Signature G. G. Proksch (M. D. or other)
Address Fistula Bldg Date signed 7/17/45

(Licensed Embalmer's Statement on Reverse Side)

JUL 26 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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

**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.**