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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28906

State File No.

FILED OCT 18 1945

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8415

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:
1400 New House
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 25 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 26
(If outside city or town limits, write "RURAL")

(d) Street No. 1400 New House Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Tony Carona (Caradonna)

3. (b) If veteran, name war

3. (c) Social Security No. 493-10-7693

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Biagia Carona

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February (Month) 3 (Day) 1881 (Year)

8. AGE: Years 64 | Months 7 | Days 22 | If less than one day ___ hr. ___ min.

9. Birthplace Salemi (City, town, or county) Italy 5 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Vito Caradonna
13. Birthplace (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Frances B. Mortillario
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Vito Caradonna
(b) Address 1400 New House Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli-Sons
(b) Address 1150 N. Kingshighway Blvd.

19. (a) SEP 28 1945 (Date received local registrar) (b) J. Bredeus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1945 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 24, 1945, to Sept. 25, 1945 that I last saw him alive on Sept 24, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	4 days
Due to	
Due to	
Other conditions: Arterio-sclerosis (Include pregnancy within 3 months of death)	5 yrs?

Major findings:
Of operations 83 a.i.
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 Eugene L. Arnold (M. D. or other) MD
Address 1449 McLaran Date signed 9/28/45

(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 John V. Ogonoski

Licensed Embalmer No. 3398

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.