U. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

State File No. 32397

FILED NOV 2 1945

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9271

00
17
9

**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: Firmin Desloge Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 34 Years.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1223 Eastover NR 5
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) 1
If yes, name country Italy

3. (a) PRINT FULL NAME Giuseppa (Josephine) Spinella

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Giuseppe
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased December (Month) 8 (Day) 1897 (Year)

8. AGE: Years 47 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Terrasini (City, town, or county) Italy 5 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Vincenzo Palazzolo
13. Birthplace Terrasini (City, town, or county) Italy 5 (State or foreign country)

MOTHER
14. Maiden name Provedenzia Currago
15. Birthplace Terrasini (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Giuseppe Spinella
(b) Address 1223 Eastover
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director P. Miceli
(b) Address 1150 N. Kingshighway Blvd.
19. (a) OCT 26 1945 (Date received for registration) J. F. Bradeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 25 year 1945 hour 1 minute 40 P.M.
21. I hereby certify that I attended the deceased from 5-9, 1944 to 10-25, 1945 that I last saw him alive on 10-25, 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Congestive Heart Failure | 6 hrs |
| Due to: Cerebral Embolus | 6 hrs |
| Due to: & Mitral Stenosis | ? |
| Other conditions (Include pregnancy within 3 months of death): Hemiplegia Left | 6 hrs |

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 E. Lee Shrader (M.D. ~~or other~~)
Address 3720 Washington Date signed 10/26/45

(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 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.**