No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 174

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 329

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:
Calvary Cemetery while at work
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 28 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DEATH:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 701 Thrush
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marcello (Mike) Cavallero

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 Married

6. (b) Name of husband or wife Rosina
6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January (Month) 16 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
62	11	22	hr. min.

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

MOTHER FATHER

12. Name Francesco Cavallero
13. Birthplace Bassignano (City, town, or county) Italy (State or foreign country)
14. Maiden name Theresa Provera
15. Birthplace (City, town, or county) Italy (State or foreign country)

16. (a) Informant Joe Cavallero
(b) Address 701 Thrush
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director P. Miceli-Sons.
(b) Address 1150 N. Kingshighway
19. (a) JAN 11 1946 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th year 1946 hour 2 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 10th 1944 to Jan 8th 1946 that I last saw him alive on Jan 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 mo
Due to Myocarditis, Chronic and	
Due to arterio sclerosis	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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) no
(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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. N. F. Miller (M. D. number)
Address 8401 Broadway St Louis Mo Date signed 1/10/46

(Licensed Embalmer's Statement on Reverse Side)

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

2383

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.....

Licensed Embalmer No.....

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.