

S. No. 2
M-5-43
5-17-39
X3667

FILED JAN 21 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 370

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5029 Shaw Ave 1
(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

(c) City or town St Louis 13 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5029 Shaw 9
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Domenic Javeggia

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
year 1946 hour 3 minute 45 P.M.

4. Sex male 5. Color of race white

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

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

(b) Name of husband or wife Josephine

7. Birth date of deceased Jan 31 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 7 1946 to Jan 11 1946
that I last saw him alive on Jan 11 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months 11 Days 11 If less than one day _____ hr. _____ min.

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

Immediate cause of death Coronary collapse Duration _____

10. Usual occupation None

11. Industry or business _____

12. Name Joseph Javeggia

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

14. Maiden name not known

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

Due to Chronic Myocarditis not known

Due to Chronic Nephritis not known

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

16. (a) Informant Mr Henry Javeggia

(b) Address 5029 Shaw Ave

17. (a) burial (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

Major findings: 131

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Paul @ Calabrese

(b) Address 5142 Daggle Ave

19. (a) JAN 13 1946 (b) J. V. Wudick
(Date received local registrar) (Registrar's signature)

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 Paul Javeggia (M. D. or other) _____
Address 2621 S. Johnson Date signed 1/11/46

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 *Paul @ Calcaterra*

Licensed Embalmer No. *2376*

P. O. Address *5140 Daggett*

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.