No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14465

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3546

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

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: Deaconess Hospital 0
(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 Lincoln 57

(c) City or town Winfield, 0
(If outside city or town limits, write "RURAL")

(d) Street No. NR 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Dr. Joseph J. Allevato.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Dora Allevato

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Aug. 25, 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	7	20	hr. min.

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

10. Usual occupation Physician & Surgeon

11. Industry or business

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

MOTHER
14. Maiden name Marie Moreli
15. Birthplace (City, town, or county) Italy 5 (State or foreign country)

16. (a) Informant Mrs. Dora Allevato
(b) Address Winfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18/46 (Month) (Day) (Year)
(c) Place: burial or cremation Walhalla Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) APR 17 1946 (Date received local registrar) (b) J F Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1946 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 14, 1946, to April 14, 1946, that I last saw him alive on April 14, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage (Acute - massive)	1 day
Due to: Arterial Sclerosis - and Arterial Sclerotic Heart Disease	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy no 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 0

23. Signature Jno. H. Norton (M. D. ~~or other~~)
Address 634 No Grand Blvd St. Louis, Mo Date signed 4/15/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. Norton
Mo. Thr. Bldg.,
634 No. Grand Blvd.,

MAY 21 1937

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.