

FILED MAY 16 1946

Registration District No. **318**

Primary Registration District No. **1000**

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: **De Paul Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **11 Days**
 (Specify whether years, months or days)
 In this community **11 Days**

3. (a) PRINT FULL NAME **Joseph Simanella**
 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 **single**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **April 20 1946**
 (Month) (Day) (Year)

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

9. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **baby**

11. Industry or business _____

12. Name **James Vincent Simanella**
 13. Birthplace **Springfield Ill.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Anna Licata**
 15. Birthplace **St. Louis Ill.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **James Simanella**
 (b) Address **7433 Chandler**

17. (a) **Burial** (b) Date thereof **May 2--46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **P. M. Mullaney**
 (b) Address **1150 N. Kingshighway Blvd.**

19. (a) **MAY 2 1946** (b) **J. F. Bradeck**
 (Date received local registrar's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis 9th**
 (c) City or town **St. Louis Jennings**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **7433 Chandler**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5/1/46** day _____
 year _____ hour _____ minute **20** P. M.

21. I hereby certify that I attended the deceased from **4/20/46** to **5/1/46**
 that I last saw him alive on **4/20/46**
 and that death occurred on the day and hour stated above.
 Immediate cause of death **prematurity**

Duration

Life

Due to _____

Due to _____

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

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature **J. F. Bradeck** (M. D. or other)
 Address **4902 Maryland** Date signed **5/1/46**

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed *not Embalmer*
P. Miceli

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.