

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42305

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State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **10343**

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:  
**St. Louis City Hospital**  
(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 **Missouri** (b) County \_\_\_\_\_  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1241 S. 7th St.**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

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3. (a) PRINT FULL NAME **Andrew Henry De Naro**  
 (b) If veteran, name war **Nil**  
 (c) Social Security No. **488-20-8774**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Dec.** day **3**  
 year **1946** hour \_\_\_\_\_ minute **50** M.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Divorced**  
 (b) Name of husband or wife **Lorraine De Naro**  
 (c) Age of husband or wife if alive **Unk.** years  
 7. Birth date of deceased **June 24 1904**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**42 5 8** hr. \_\_\_\_\_ min.

Immediate cause of death  
**Cerebral Apoplexy**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name **Gasper De Naro**  
 13. Birthplace **Unknown Italy**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Lena La Bella**  
 15. Birthplace **Unknown Italy**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jennie Tobey**  
 (b) Address **1241 S. 7th St.**

17. (a) **Burial** (b) Date thereof **12-5-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**  
**4700 Washington Blvd.**  
 (b) Address \_\_\_\_\_

19. (a) **DEC 3 1946** **J. F. Bredeck**  
(Date of 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? \_\_\_\_\_  
 While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
 23. Signature **Patrick E. Taylor** (M. D. or other) \_\_\_\_\_  
 Address **Deputy Coroner** Date signed **12-3-46**

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**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 Elmo R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**