

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1948 818

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 15750
Registrar's No. 3817

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution:
St. Louis City Hospital
(d) Length of stay: 33 years
In this community 33 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 5521A Oriole
(e) Citizen of foreign country? NO
If yes, name country

3. (a) PRINT FULL NAME Onofrio vella
3. (b) If veteran, name war
3. (c) Social Security No. 494-01-4952

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Caterina
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 12 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 9 27 hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Angelo vella

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

14. Maiden name Giovanna sanfillippo

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

16. (a) Informant Caterina vella

(b) Address 5521A Oriole

17. (a) Burial (b) Date thereof April 12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli & Sons

(b) Address 1150 N. Kingshighway Blvd.
APR 11 1948
19. (a) (Date received local registrar) (b) J. B. Pradec (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1947 hour 3 minute 30 P. M.

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

Immediate cause of death Gunshot Wound of Head
81 Brannell St. in garage
in the rear of his home at 5521
Oriole Ave. on April 9th 1947
at about 2:30 P.M.
Due to suicide while suffering
from temporary mental derangement
Other conditions
(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) suicide
(b) Date of occurrence April 9 1947
(c) Where did injury occur Home
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, or industrial place, or public place?

While at work? _____ Means of injury 6 shot

23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 4/11/47

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

MOTHER FATHER

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.