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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18597

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4597

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 Pronounced dead at City Hospital
~~Accident - 5537 Lindell (Alley)~~ 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 13 Years.
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. 1410a North 20th Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Damiano (Donnie) Belfiore

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 August (Month) 7 (Day) 1933 (Year)

8. AGE: Years 13 Months 8 Days 26 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Anthony Belfiore
13. Birthplace (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name Josephine Vitale
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Anthony Belfiore
(b) Address 1410a North 20th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1947 (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.

19. (a) MAY 6 1947 (Date received local registrar) (b) J. F. Kroeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1947 hour 3:19 minute 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 Multiple Fractures of Skull; Lacerations of Brain; when the truck in whibh he was an occupant and being driven by one, Leon Gwengel, struck a hole in the cinder alley causing the driver to lose control of same and turning over in the rear of 5533 Lindell Blvd. around 3:15 P.M., May 3, 1947. (Duration)

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) Accident
(b) Date of occurrence May 3rd, 1947
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed 5/6/47

(Licensed Embalmer's Statement on Reverse Side)

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.....Anthony J. Mucci

Licensed Embalmer No.....4277

P. O. Address.....St Louis Mo

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.