No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

19090

State File No. 5633

FILED JUN 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USING 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: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6 4838 Leduc Pl. 9
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lombardo, Angelo

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 10 (Day) 1925 (Year)

8. AGE: ✓

Years	Months	Days	If less than one day
22	4	26	hr. min.

9. Birthplace Duquoin (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Clerk

11. Industry or business Antonio Lombardo

FATHER
12. Name Antonio Lombardo 5
13. Birthplace Campobello Di Mazzoro Italy (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agostina Catanzaro 1
15. Birthplace Termini Emeresi Italy 5 (City, town, or county) (State or foreign country)

16. (a) Informant Antonio Lombardo
(b) Address 4838 Leduc Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9,47 (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) JUN 8 1947 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1947 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from Nov. 12th, 1940, to June 6, 1947; that I last saw him alive on June 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infarction of Lung	24 hours.
Due to Thrombosis of Pulmonary Artery	24 hours.
Due to	
Other conditions asthma (Include pregnancy within 3 months of death)	7 years.

Fibrosis of Heart due to Unknown Cause. uncertain.

Major findings:
Of operations

Of autopsy Confirmed diagnosis given above.

PHYSICIAN

Underline the cause of 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

23. Signature G. O. Brown (M. D. or other) MD.

Address 1325 S. Grand Blvd. Date signed 6/7/47

Jefferson City Printing Co.

(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 Elmer R. Gadwell

Licensed Embalmer No. 4077

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.