FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 5 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19124

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 5203

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. Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: One Day (Specify whether years, months or days)

In this community: 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 000

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

(d) Street No.: 5428 Maple Ave. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Ferdinand D. Maguolo

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M. 1

5. Color or race: W.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Flora Maguolo

6. (c) Age of husband or wife if alive: 80 years

7. Birth date of deceased: February (Month) 2 (Day) 1862 (Year)

8. AGE: Years 85 Months 3 Days 21 If less than one day hr. min.

9. Birthplace: Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation: Cabinet Maker

11. Industry or business

MOTHER FATHER

12. Name: Louis Maguolo

13. Birthplace: Italy 5 (City, town, or county) (State or foreign country)

14. Maiden name: Louisa D'Epoli

15. Birthplace: Italy 5 (City, town, or county) (State or foreign country)

16. (a) Informant: Flora Maguolo

(b) Address: 5428 Maple Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-27-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Arthur J. Donnelly

(b) Address: 3840 Lindell Blvd

19. (a) MAY 26 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd. year 1947 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-15-46, 19..., to 5-23-47, 19...; that I last saw h. alive on 5-23-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary embolus	2 hrs
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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: E. H. Bowdery (M. D. or other)

Address: 634 N. Grand Date signed: 5-24-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

No Name Baby

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.