

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19392

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1917**

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:
2814 Marcus
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 2814 Marcus
(If rural, give location) 9
(e) Citizen of foreign country? Yes (Yes or No) 10
If yes, name country Italy

3. (a) PRINT FULL NAME Salvatore Spravale
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 13
year 1947 hour 11 minute 15 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rose Spravale
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased November 10 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 3 1947 to May 13 1947
that I last saw him alive on May 13 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 6 3 hr. min.

Immediate cause of death Myocarditis, Chr with cardiac decompensation
Due to.....
Duration 4 mos

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

Due to.....

10. Usual occupation Retired

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business Fruit & Produce Dealer

Major findings: Of operations.....

12. Name Anthony Spravale

Of autopsy.....

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

14. Maiden name Dora Nenelei

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

16. (a) Informant Mrs. Dora Lucia

(b) Address 2814 Marcus

17. (a) burial (b) Date thereof May 16 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director BENSIEK-NIEHAUS

(b) Address 1431 Union Blvd

19. (a) MAY 15 1947 (Date received local registrar)
J. F. Bredeck (Registrar's signature)

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).....
(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 0

23. Signature J. P. Berman (M. D. or other)
Address 1225 no. grand Date signed 5-14-47

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 Frank Nichols
Licensed Embalmer No. 2915
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.