. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22123

FILED JUL 12 1947

Registration District No. 318 Primary Registration District No. Registrar's No. 6381

13

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: ~~In front of # 11 Aberdeen Place~~
Pronounced dead in City Hosp
(If hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 1003 (b) County 080

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. # 8 Aberdeen Place 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mario Cavagnaro

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. C

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife Margaret Cavagnaro

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Oct. 3rd., 1895
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
51	9	0	hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Photographer

11. Industry or business Star-Times Newspaper

FATHER
12. Name John Cavagnaro 5
13. Birthplace Italy
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Serafina Ghiglione 5
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Cavagnaro
(b) Address # 8 Aberdeen Place

17. (a) Burial (b) Date thereof 7-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUL 5 (b) J. F. Bussell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd.,
year 1947 hour 2 minute 50 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 Coronary Thrombosis
Chronic Endocardial
Due to Changes
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? 5
(Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred J. Perry DDS (M. D. or other) 7/4/47
Address Deputy Coroner Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 1944

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.