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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22876  
Registrar's No. 1192

Registration District No. 317 Primary Registration District No. 2069

1. PLACE OF DEATH:  
(a) County Clayton  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Marys Hospital  
(d) Length of stay: \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Anthony P. Troia  
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 September 25 1946

8. AGE: Years Months Days If less than one day  
----- 8 15 hr. min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Cosimo Troia  
13. Birthplace St. Louis MO.  
14. Maiden name Mary Gentile  
15. Birthplace St. Louis MO.

16. (a) Informant Cosimo Troia  
(b) Address 5335 Euclid

17. (a) burial (b) Date thereof June 12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation calvary cemetery

18. (a) Signature of funeral director P. Micelin & Sons  
(b) Address 1150 N. Kingshighway Blvd.

19. (a) 6-13-47 (b) Carole J. Shyne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Mad  
(c) City or town St. Louis  
(d) Street No. 5335 Euclid  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 9  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Apr 5 1947 to June 9 1947  
that I last saw him alive on June 9 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial Brist injury  
Due to \_\_\_\_\_  
Due to 160e

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: B.  
Of operations \_\_\_\_\_  
Of autopsy Bilateral cystic kidneys

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Dr. J. J. ... (M. D. or other) \_\_\_\_\_  
Address 508 N. Grand Date signed 6/10/47

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

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**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. Mich*

Licensed Embalmer No.....

*4277*

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.**