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M—1/47
v. 5-17-39

FILED JUL 21 1947

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25251

Registrar's No. 6697

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 4222 Vista
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 210

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

(d) Street No. 4222 Vista 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 18 0

If yes, name country

3. (a) PRINT FULL NAME Antonino Adignola

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gaetana Adignola

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

7. Birth date of deceased Aug. (Month) 15 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
65	11	0	hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Antonino Adignola
13. Birthplace Italy
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marina Di Mattino
15. Birthplace Italy
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Giantaga Adignola
(b) Address 4222 Vista

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Paul C. Calcaterra
(b) Address 5142 Daggett

19. (a) July 16 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 15 day
year 1947 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 24, 1947 to July 15, 1947 that I last saw him alive on July 15, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	
Due to: Arteriosclerotic Heart Disease	7 months
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 T. J. Lopiccola (M. D. or other) M.D.

Address 1930 Marconi Date signed 7/16/47

VINCENT J. LOPICCOLA

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....Paul C. Calcaterra.....

Licensed Embalmer No.....2376.....

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.