S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

35966

State File No.

FILED NOV 14 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10222

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

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: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 41 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2215A. Mullanphy 0
(If rural, give location) 20
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN LAFIORA
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Josephine
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 14 (Day) 1879 (Year)

8. AGE: Years 68 Months 5 Days 20 If less than one day br. min.

9. Birthplace Monreale (City, town, or county) Italy (State or foreign country) 5
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Salvatore LaFiora
13. Birthplace Monreale (City, town, or county) Italy (State or foreign country) 5
MOTHER
14. Maiden name Rosaria LaCote
15. Birthplace Monreale (City, town, or county) Italy (State or foreign country) 5
16. (a) Informant Sam LaFiora
(b) Address 2215A. Mullanphy
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director P. Miceli & Sons
(b) Address 1150 N. Kingshighway Blvd
19. (a) NOV 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd year 1947 hour 11 minute 35 AM
21. I hereby certify that I attended the deceased from 11/1/47, 19, to Nov. 3rd 1947 that I last saw him alive on Nov. 3rd 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure
Congestive Heart Failure
Due to Hypertensive heart disease
Hypertensive Heart Disease
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Congestive heart failure, Hyperemia, Cirrhosis, Lymphoma, type undetermined

Duration
Unknown

PHYSICIAN
Underline the cause of which death should be changed 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 John W. Murphy Jr (M. D. or other)
Address 1815 Lafayette Date signed 11/3/47
John W. Murphy

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

## 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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.