

S. No. 2
M-5-43
5-17-39
I X36671

FILED NOV 3 1947

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Registration District No. _____ Primary Registration District No. _____

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:
3501 clara
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood

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

(d) Street No. 3501 clara
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph (George) Tognoni

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-07-8099A

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elsie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 30 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1947 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from Dec 1946 to Oct 27 1947
that I last saw him alive on Oct 20 1947
and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>65</u> | <u>10</u> | <u>22</u> | hr. _____ min. _____ |

Immediate cause of death Carcinoma of colon Duration 1yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation stone cutter

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Aristo Tognoni

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

{ 14. Maiden name Irena

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

16. (a) Informant Charles Tognoni

(b) Address 10009 Dorothy

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? 0

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25-47
(Month) (Day) (Year)

(c) Place: burial or cremation Galvary cemetery

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director P. Miceli & Sons

(b) Address 1150 N. Kingshighway

19. (a) OCT 23 1947 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

23. Signature Thom J. Harbo (M. D. or other) MD

Address 4500 Olive Date signed 10/27/47

WRITE PLAINLY--USE 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... *Anthony J. Miceli*
Licensed Embalmer No. *4277*
P. O. Address *87 Louis*

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.