

FILED DEC 15 1947

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: DeHeide General
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Giuseppe Soabella
 3. (b) If veteran, name war No
 3. (c) Social Security No. 492-07-9461

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced 1
 6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: 5 21 86
 (Month) (Day) (Year)

8. AGE: Years 61 Months 6 Days 14
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER
 12. Name Santo Soabella
 13. Birthplace Italy
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Murebilo
 15. Birthplace Italy
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Soabella
 (b) Address 5321 Magnolia

17. (a) Burial (b) Date thereof Dec. 9 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Paul E. Palenters

(b) Address 5142 Daggett Ave.

19. (a) DEC 6 - 1947 (b) J. F. Broderick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County MO
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5321 Magnolia
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 5
 year 1947 hour _____ minute 40 AM/PM

21. I hereby certify that I attended the deceased from 11/30/47
 _____, 19____, to 12/5 1947.
 that I last saw him alive on 12/4 1947.
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolus Duration _____

Due to Pt. cerebellar hemorrhage and left hemiplegia

Due to _____

Other conditions (Include pregnancy within 3 months of death) g/o

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

 Underline the cause to 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? _____

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

23. Signature A. Forster (M. D. or other) _____
 Address 1504 S. Grand Date signed 12/7/47

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.