. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3032

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 815

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 weeks (Specify whether years, months or days)
In this community: 3 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 5544 Plover (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Scaglione Donna Maria
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Child
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January (Month) 5 (Day) 1948 (Year)

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

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation:
11. Industry or business:

FATHER
12. Name: Dominick Scaglione
13. Birthplace: Partinico (City, town, or county) Italy (State or foreign country)

MOTHER
14. Maiden name: Francis Palazzolo
15. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Dominick Scaglione
(b) Address: 5544 Plover
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: P. Miceli & Sons
(b) Address: 1150 N. Kingshighway
19. (a) JAN 27 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26 year 1948 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 25 January 48, 19..., to 26 January, 1948, that I last saw her alive on 1-26, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
aspiration of gastric contents	36 hrs
Due to: 107	
Due to:	
Other conditions (Include pregnancy within 3 months of death): otitis media, heat	3 d.

Major findings:
Of operations:
Of autopsy: consolidation both lower lobes aspiration pneu

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: Martin Bergmann (M. D. or other) M.D.
Address: 5568 Waterman Blvd. Date signed 1/26/48

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 Anthony J. Mucci

Licensed Embalmer No. 4277

P. O. Address St 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.