No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6278

FILED MAR 15 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2200

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: DePaul 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 40 years

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. 2817 Belt Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Nicolo DiLeonardo

3. (b) If veteran, name war N

3. (c) Social Security No. 494-10-6979

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Carmela DiLeonardo

6. (c) Age of husband or wife if alive 65 years

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

8. AGE: Years 67 Months Days 16 If less than one day hr. min.

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

10. Usual occupation Caulker

11. Industry or business Laclede Gas Co

MOTHER FATHER

12. Name Francesco DiLeonardo

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

14. Maiden name Filomeno DiPaolo

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

16. (a) Informant Frank DiLeonardo

(b) Address 2817 Belt Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/48 (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) MAR 3 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1 year 1948 hour 12 minute noon

21. I hereby certify that I attended the deceased from Feb 17, 1948, to Mar 1, 1948, that I last saw him alive on Mar 1, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of pancreas	?
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy: Carcinoma Pancreas

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? (Specify type of place)

While at work (e) Means of injury

23. Signature John F. Shaner (M. D. or other)

Address 607 N. Grand Date signed 2-Mar 19 48

(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. Padwell

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.