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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6785

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1212

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: 1815 Washington 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1823 Carr 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Salvatore (Sam) Moncado

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 Married 1

6. (b) Name of husband or wife Ona Moncado

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased July (Month) 4 (Day) 1919 (Year)

8. AGE: Years 28 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Syracuse (City, town, or county) New York (State or foreign country) 1

10. Usual occupation Tavern Manager

11. Industry or business

MOTHER FATHER

12. Name Vincenzo Moncado

13. Birthplace Giorgiente (City, town, or county) Italy (State or foreign country) 5

14. Maiden name

15. Birthplace Giorgiente (City, town, or county) Italy (State or foreign country) 5

16. (a) Informant Ona Moncado
(b) Address 1823 Carr

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli & Sons
(b) Address 1150 N. Kingshighway Blvd.

19. (a) FEB 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4 year 1948 hour 2 minute a M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot Wound Heart infected at the hilum one Jerome Institta about 50 feet east of the intersection of 14th and Washington

Due to

Other conditions (Include pregnancy within 3 months of death) 166

Major findings:
Of operations

Of autopsy

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) Homicide
(b) Date of occurrence 2/4/48
(c) Where did injury occur? St Louis, Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury as above

23. Signature Thomas F. Callaghan (Dr. or other) 3
Address Coroner Date signed 2-6-48

(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. 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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.