FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13821

FILED MAY 15 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4364

1. PLACE OF DEATH:

(a) County

(b) City or town: City St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9-4-1945/5- 9-48 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: 000

(c) City or town: St. Louis City. (If outside city or town limits, write "RURAL") 17

(d) Street No.: 5800 Arsenal St. (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME: MICHAEL JOSEPH ANELLO.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: Rose

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

7. Birth date of deceased: 3 (Month) 3 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
73	3	3	hr. min.

9. Birthplace: Italy (City, town, or county) (State or foreign country) 5

10. Usual occupation: Fruit Packer.

11. Industry or business

FATHER
12. Name: John Anello. 5
13. Birthplace: Italy (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown.
15. Birthplace: Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant: City Infirmary Records.
(b) Address: 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

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

19. (a) MAY 10 1948 (Date received local registrar) (b) J. F. Breheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9 year 48 hour 5 minute 25 a.m.

21. I hereby certify that I attended the deceased from 5-1-1948 to 5-9-1948, that I last saw him alive on 5-9-1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	
Cerebral degeneration	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Gout 107	

Major findings:
Of operations
Of autopsy

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 0

23. Signature: Warren C. Lewis (M.D.)
Address: 5602 Arsenal Date signed 5-9-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 John S. Dennehy

Licensed Embalmer No. 4194

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.