S. 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 APR 30 1948

Registration District No.....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.....

State File No. 13969

Registrar's No. 3639

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: 2301 Sublette
(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.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 2301 Sublette
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME CARLO CORIOLANI

3. (b) If veteran, name war No.

3. (c) Social Security No. 488-03-5777

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Josephine Coriolani

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

7. Birth date of deceased Sept (Month) 1 (Day) 1894 (Year)

8. AGE: Years 53 Months 7 Days 13 If less than one day .....hr. .....min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER

12. Name Giovanni Coriolani

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

14. Maiden name Maria Serratta

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

16. (a) Informant Mrs. Josephine Coriolani

(b) Address 2381 Sublette

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Paul C. Calcaterra

(b) Address 5142 Daggett Ave.

19. (a) APR 16 1948 (Date received local registrar) (b) J. Hredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14 th year 1948 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 18, 1944 to April 14, 1948; that I last saw him alive on April 13, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	4 yr.
Due to: Chr. Rheumatic Heart disease	year.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

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.....

23. Signature Charles Montani (M. D. or other) MD

Address 5147 Daggett, Date signed 4-15-48

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.....

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.