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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14070

Registrar's No. 3439

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) ~~[illegible]~~

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 5324 Bischoff 9
(If rural, give location)

(e) Citizen of foreign country? Memorial (Yes or No) 0
If yes, name country 13

3. (a) PRINT FULL NAME Gaetano Ferrauto (Ferraguto)

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex MALE 0

5. Color or race White

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

6. (b) Name of husband or wife Domminica Ferrauto

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

7. Birth date of deceased July (Month) — (Day) 1878 (Year)

8. AGE: Years 69 Months 10 Days If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business

FATHER
12. Name Dominico Ferraguto 5
13. Birthplace Italy (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Domminica Ferraguto
(b) Address 5324 Bischoff

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 10 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 9 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th year 1948 hour 7 minute 55 A M.

21. I hereby certify that I attended the deceased from 4/5/48, 19__, to April 7th, 1948, that I last saw him alive on April 7th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Arteriosclerotic heart disease.

Due to

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) [signature]

Address 1515 Lafayette Date signed 4/7/48

(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 Henry M. Brammer

Licensed Embalmer No. 4200

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.