S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 7 1948

State File No. 14452

Registration District No. 318 | Primary Registration District No. 1005 | Registrar's No. 4012

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

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: 2119 Marconi 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 1000

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

(d) Street No. 12 2119 Marconi Ave. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Joseph MIRAMONTI

3. (b) If veteran, name war No

3. (c) Social Security No. 500 26-8716

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rosa Miramonti

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

7. Birth date of deceased Sept (Month) 2 (Day) 1887 (Year)

8. AGE: Years 60 | Months 7 | Days 25 | 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 Francesco Miramonti
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Isabella De Bernado
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)

16. (a) Informant Mr. Dominic Miramonti
(b) Address 2119 Marconi Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 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) 5-28-1948 (Date received local registrar) (b) J. D. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th year 1948 hour 2 minute 1 M.

21. I hereby certify that I attended the deceased from 4-12, 1948, to 4-27, 1948, that I last saw him alive on 4-24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pancreatic Carcinoma

Due to

Due to

Other conditions Metastatic Carcinoma bone marrow
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Paul Vinyard MD (M. D. or other)

Address 3718A Olive St. St. Louis Mo. Date signed 4-28-48

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.....

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.