

FILED JUN 27 1949

STANDARD CERTIFICATE OF DEATH

State File No. **22064**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1216**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY on this place 440 days		d. STREET ADDRESS (If rural, give location) St. Francis Hotel-6th & Chestnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			

3. NAME OF DECEASED (Type or Print) Levi CIRONE			4. DATE OF DEATH (Month) (Day) (Year) May 15 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Worker		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Italy	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Unknown			
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME EUGENE F. NOLAN, Registrar	
				ADDRESS Vet. Adm. Hosp, Jeff. Brks., Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH Unknown	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC GLOMERULO-NEPHRITIS		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____				
		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			592X 1310	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION -----			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) ---		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ---		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ---		

22. I hereby certify that I attended the deceased from **Feb. 2, 1948**, to **May 15, 1949**, that I last saw the deceased alive on **May 15, 1949**, and that death occurred at **9:05 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE L. E. Stilwell (Degree or title) L. E. STILWELL, M.D., Chf. Prof. Services		23b. ADDRESS VAH; Jefferson Barracks, Mo.		23c. DATE SIGNED 5/16/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 18-49		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
				24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	

DATE REC'D BY LOCAL REG. 5-18-49		REGISTRAR'S SIGNATURE Theresa L. ...		25. FUNERAL DIRECTOR'S SIGNATURE Hoffmeister Und. & Livery Co.	
				ADDRESS 7814 S. Broadway-St. Louis, Mo.	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 Broadway*

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.