No. 300
10.48

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27991

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7386

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Firmin De Lodge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis mo 2139 13
d. STREET ADDRESS (If rural, give location) 7719 Edward St

3. NAME OF DECEASED (Type or Print) a. (First) Oreste b. (Middle) Avanzolini c. (Last)

4. DATE OF DEATH (Month) Aug (Day) 26 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan 19 1884
9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Italy 5
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Salvatore
13b. MOTHER'S MAIDEN NAME Beatrice
14. NAME OF HUSBAND OR WIFE Pauline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 488-20-6355
17. INFORMANT'S SIGNATURE OR NAME Pauline Avanzolini ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~[illegible]~~ Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 5 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 334X

22. I hereby certify that I attended the deceased from Aug 21, 1950, to Aug 26, 1950, that I last saw the deceased alive on Aug 26, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE Vincent J. LiPiccolo MD (Degree or title)
23b. ADDRESS 1931 Marconi
23c. DATE SIGNED 8/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify) (1)
24b. DATE Aug 30 1950
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) St Louis (State) mo

DATE REC'D BY LOCAL REG. AUG 29 1950
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Paul C. Calcaterra ADDRESS St Louis

(Licensed Embalmer's Statement on Reverse Side)

MAY 7 195

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 Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Elizabeth Remelus

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.