No. 300
10.48

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

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38430
9921

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005 Registrar's No. _____

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) 36yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced Dead At City Hospital

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 2269
d. STREET ADDRESS (If rural, give location) 1529 No 18th St. 0

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

4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1950

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 21, 1883
9. AGE (In years last birthday) 67 — 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Presser Clothing
11. BIRTHPLACE (State or foreign country) Trapani Italy
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Mariano Drago
13b. MOTHER'S MAIDEN NAME Giovanna Potolela
14. NAME OF HUSBAND OR WIFE Gaetana Drago

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Gaetana Drago — **ADDRESS** 1529 No No 18 th St.

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Comminuted fracture of skull suffered when struck and then run over by Grosvis Bus of Public Service Co. driven by Leo Husby on Lucas Ste. east of Seventh Ste. about 12 & 5 pm

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.* Nov 20 1950

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

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo E 8124
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 20 5. p.m. 12 25
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 125

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 12 25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 11/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 24-50
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St. Louis (State) MO.

DATE REC'D BY LOCAL REG. NOV 22 1950
REGISTRAR'S SIGNATURE J B Fowler

25. FUNERAL DIRECTOR'S SIGNATURE P. Miceli & Sons **ADDRESS** 1150 No Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

APR 22 1982

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Anthony J. Miceli

Licensed Embalmer No. 4277

P. O. Address St Louis

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.