No. 300
10.48

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

FILED DEC 1 1950

#108067

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38722

State File No. 9522

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis,Missouri
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): St.Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2 2 5 9
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
d. STREET ADDRESS (If rural, give location): 912 Carr St.

3. NAME OF DECEASED (Type or Print)
a. (First): ANTONIO
b. (Middle): LOGRASSO
c. (Last): ~~LaGrosso~~

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

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 20,1874
9. AGE (In years last birthday): 75 — 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:
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: Joe LaGrosso
13b. MOTHER'S MAIDEN NAME: Annie —
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Tony Caruso — ADDRESS: 809 Cole St.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Tongue with Cervical Lymph Node Metastasis — INTERVAL BETWEEN ONSET AND DEATH:

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.*

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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?: IHX

22. *I hereby certify that I attended the deceased from* 9/12/50, 19___, *to* 11/20/50, 19___, *that I last saw the deceased alive on* 11/20/50, 19___, *and that death occurred at* 10:10pm, *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph Eden M.D. (Degree or title)
23b. ADDRESS: 1515 Lafayette Ave.,
23c. DATE SIGNED: 11/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 11-25-50
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis,Missouri

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

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: P.Miceli & Sons 1150 N.Kingshighway

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Anthony J. Miceli

Signed.....
Student Embalmer

Licensed Embalmer No. 4277

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.

State of ..... } ss.
County of ..... }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 38722/50
Local Registrar's No. 9922

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Antonio LoGrasso, died ~~Antonio LoGrasso~~ 11-20-50, in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 2 should read "Antonio LoGrasso
Instead of " LeGrosso

Item No. 13 should read Joe LoGRASSO
Instead of

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant P. Nicol — Fun Dir
Relationship.

1150 N. Kingshighway
Present Address.

Subscribed and sworn to before me this 13 day of Feb., 1951

My Commission expires 3-4-53 Ella Palbey, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
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