

FILED MAY 25 1955  
XC 18407227  
REG. 4744 SL 3618

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16828**  
Registrar's No. **4151**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>915 North Grand St. Louis, Mo.</b> |  | c. STATE<br><b>MISSOURI</b>   | d. COUNTY<br><b>JEFFERSON</b>  |
| c. LENGTH OF STAY (in this place)<br><b>175 DAYS</b>  |  | e. CITY OR TOWN<br><b>FESTUS</b>  | f. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>VETERANS ADMINISTRATION HOSPITAL</b>                            |  | STREET ADDRESS (If rural, give location)<br><b>325 SUNNYSIDE</b>                      |  |

|                                     |                              |                            |                            |  |
|-------------------------------------|------------------------------|----------------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First)<br><b>CHARLEY</b> | b. (Middle)<br><b>VALE</b> | c. (Last)<br><b>MAGLIO</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>5-8-55</b> |
|-------------------------------------|------------------------------|----------------------------|----------------------------|--|

|                       |                                  |  |                                    |  |                           |                          |                         |      |
|-----------------------|----------------------------------|--|------------------------------------|--|---------------------------|--------------------------|-------------------------|------|
| 5. SEX<br><b>MALE</b> | 6. COLOR OR RACE<br><b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b> | 8. DATE OF BIRTH<br><b>8-19-95</b> | 9. AGE (In years last birthday)<br><b>59</b> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HRS.<br>Days | IF UNDER 1 HR.<br>Hours | Min. |
|-----------------------|----------------------------------|--|------------------------------------|--|---------------------------|--------------------------|-------------------------|------|

|  |  |  |   |
|--|--|--|---|
| 10a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired)<br><b>INSPECTOR</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>GLASS MFG. CO.</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>KANSAS CITY, MISSOURI</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|--|--|--|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><b>SYLVESTER MAGLIO</b> | 13b. MOTHER'S MAIDEN NAME<br><b>IDA STAFFORD</b> | 14. NAME OF HUSBAND OR WIFE<br><b>JESSIE MAGLIO</b> |
|---|--|---|

|  |   |   |         |
|--|---|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES</b> | 16. SOCIAL SECURITY NO.<br><b>UN KN OWN</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>VA HOSPITAL RECORDS, ST. LOUIS, MO.</b> | ADDRESS |
|--|---|---|---------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><b>2 YRS.</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>LAENNEC'S CIRRHOSIS</b>   |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 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) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>5811</b> |
|--|--|---|

22. I hereby certify that I attended the deceased from **11-14**, 19**54**, to **5-8**, 19**55**, ~~and that death occurred at 6:30p m., from the causes and on the date stated above.~~

|  |                                    |  |                                   |
|--|------------------------------------|--|-----------------------------------|
| 23a. SIGNATURE<br><b>Raymond E. Weigel</b> | (Date of Signature)<br><b>M.D.</b> | 23b. ADDRESS<br><b>VAH, ST. LOUIS, MO.</b> | 23c. DATE SIGNED<br><b>5-8-55</b> |
|--|------------------------------------|--|-----------------------------------|

|   |                            |                                    |   |
|---|----------------------------|------------------------------------|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE<br><b>5-9-55</b> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State)<br><b>Crystal City, Mo.</b> |
|---|----------------------------|------------------------------------|---|

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>MAY 10 1955</b> | REGISTRAR'S SIGNATURE<br><b>Paul Smith Esq</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>POLITTE</b> | ADDRESS<br><b>CRYSTAL CITY, MO.</b> |
|--|--|--|-------------------------------------|

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

1966 OCT 31 10:58 AM

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.....  
Signature of Student Embalmer

Signed.....  
*Francis J. Wyland*

Licensed Embalmer No. 4571

P. O. Address.....  
*St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.