t. Health,
, & Welfare
S. Public
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026810
STATE FILE NUMBER

FILED JUL 18 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6711

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Louis City Hospital Length of stay in 1b DOA
38

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4448 Shaw Avenue., Reside on Farm Yes [ ] No [X]
2179

3. NAME OF DECEASED (Type or print) First Joseph Middle Last Capraro
4. DATE OF DEATH Month Day Year July 3, 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH January 26,1915
9. AGE (In years last birthday) 43 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) Taxi Cab Driver
10b. KIND OF BUSINESS OR INDUSTRY St.Louis Auto Livery
11. BIRTHPLACE (City and state or country) Sicily
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ottovia Capraro
13b. MOTHER'S MAIDEN NAME Theresa Paxhia
14. NAME OF HUSBAND OR WIFE Marie Capraro
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Tony Capraro, Address 5848 Farris Avenue.,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Internal Hemorrhage following gunshot wounds of chest and abdomen.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) E981X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) Confined in hands of one, Marie Capraro
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT SUICIDE HOMICIDE Verdict
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Home at 4448 Shaw about 730 p.m., July 3 1958. Whereas justifiable or Homicidal could not be determined
20c. TIME OF INJURY Hour p.m. Month, Day, Year 730 7 3 58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 17
20f. CITY, TOWN, OR LOCATION COUNTY STATE St Louis Mo

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 810 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner 3
Patrick E. Taylor Coroner
22b. ADDRESS 1300 Clark 1300 Clark
22c. DATE SIGNED 7-5-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 7-8-58
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.,
25. DATE RECD. BY LOCAL REG. JUL 5 '58
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Wash
St. Louis, Mo

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.