

STATE OF FLORIDA

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OFFICE of VITAL STATISTICS

CERTIFIED COPY

State Board of Health  
Bureau of Vital Statistics

CERTIFICATE OF DEATH  
FLORIDA

State File No. 626  
Registrar's No. 407

1. PLACE OF DEATH:  
(a) County Dade District No. 11-01  
(b) Precinct \_\_\_\_\_ Precinct No. \_\_\_\_\_  
(c) City or Town Miami Beach City or Town No. 11-551  
(d) Name of hospital or institution 93 Palm Island  
(If not in hospital or institution, write street number or location)  
(e) Length of stay: In hospital or institution  
At place of death 19 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED  
(a) State Florida (b) County Dade  
(c) City or Town Miami Beach  
(If outside city or town limits, write RURAL)  
(d) Street No. 93 Palm Island (If rural, give location)  
(e) Citizen of Foreign country? No  
If yes, name country \_\_\_\_\_

3. FULL NAME OF DECEASED ALPHONSE CAPONE

3 (a) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
3 (b) Social Security No. \_\_\_\_\_

4. Sex Male & Color or race white

5. Single, married, widowed or divorced MARRIED

6 (a) If married, widowed or divorced, husband of (or) wife of Mary Capone

6 (b) Age of husband or wife, if alive 50 years

7. Birth date of deceased January 17 1899  
(month) (day) (year)

8. Age: Years 48 Months 0 Days 8  
If less than one day \_\_\_\_\_

9. Birthplace Brooklyn New York  
(City, town or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business \_\_\_\_\_

12. Name Gabriele Capone  
12. Birthplace Italy

14. Maiden name Terese Raiola  
15. Birthplace Italy

16. Informant's Signature Ralph Capone  
16 (a) Address 93 Palm Island, Miami Beach, Fla.

17. Burial, cremation or removal? Removal

17 (a) Date 1/30/1947 17 (b) Place Chicago, Ill.

18. Funeral Director's Signature John Phillips

18 (a) Address Miami Beach, Florida

19. Filed Jan 28 1947 C.W. Tomlinson  
Local Registrar

MEDICAL CERTIFICATION  
20. Date of Death: Month July Day 25 Year 1947  
Time 7-35 P M

21. I hereby certify that I attended the deceased from June 1940 to July 25 1947; that I last saw him alive on July 25 1947; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Due to Pneumonia 48 hrs  
Due to apoplexy 4 days

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings of operations \_\_\_\_\_  
(Give date of operation) \_\_\_\_\_  
of autopsy \_\_\_\_\_

22. If death was due to external cause, fill in the following:

(a) (Probably) Accident, suicide, homicide (specify) \_\_\_\_\_

(b) Date of commission \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on face, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

(e) While at work? \_\_\_\_\_  
(f) Nature of injury \_\_\_\_\_

23. Signature Armedith Phillips M. D.  
(a) Address 1432 SW 22 ST Date Signed 1/24/47

VOID IF ALTERED OR ERASED

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C. Wade G. Jr.  
State Registrar

Date Issued: OCT 20 2006



THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

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CERTIFICATION OF VITAL RECORD



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