JUL 31 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24903

File No.
Registered No. 237

1. PLACE OF DEATH
County Saint Louis
Township Carondelet
City Jefferson-Barracks (No. Veterans Adm. Facility St.; Ward)
Registration District No. 1123
Primary Registration District No. 6248 B

2. FULL NAME Vito Marino TASSALIO
(a) Residence, No. 215 Missouri Avenue St., 2 Ward. East Saint Louis, Illinois
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred unkn. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
42	8	25	

35

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.W.A.
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Italy

FATHER
13. NAME Tony Tassallo
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Italy

MOTHER
15. MAIDEN NAME Isabelle Jiogelo
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Italy

17. INFORMANT Clinical Clerk M. Schilling
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE June 5, 1937

19. UNDERTAKER C. HOFFMEISTER UNDERTAKING & LIVERY
(ADDRESS) 7814 So. B'way St. Louis, Mo.

20. FILED June 4, 1937 G. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937, 19..., to June 2, 1937
I last saw him alive on June 2, 1937. Death is said to have occurred on the date stated above, at 8:14 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor, Sarcoma Retroperitoneal with intra-abdominal metastases. Malignant	Unkn.

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Autopsy Findings Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. L. FLECK, Act. Chief Med. Off., M. D.
(Address) VAF Jefferson Barracks, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X9314