

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32470

Do not use this space.

8524

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City. St. Louis (d) Street No. Depaul Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 42 yrs. 11 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 8660 Natural Bridge Rd. St. *NR* *Carrollville Mo.*
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie Rizzo
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 11 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Fruit Retail
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME August Rizzo
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Italy

15. MAIDEN NAME Anna Mercurio
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Italy

17. INFORMANT Katie Rizzo (ADDRESS) 8660 Natural Bridge Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept. 11, 1937

19. FUNERAL DIRECTOR Pasquale Miceli & Son (ADDRESS) 1133 No. Kingshighway Bl.

20. FILED SEP 10 1937 *J. Bredeck* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1937, to Sept 8, 1937
I last saw him alive on Sept 8, 1937 Death is said to have occurred on the date stated above, at 6:15 A. M.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Myocardial Infarction
Date of onset 8/7

Other contributory causes of importance: *Myocardial Infarction*

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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? No
If so, specify *Jaundice* M. D.
(Signed) *J. Bredeck*
(Address) *676 Metropolitan Bldg*

STATEMENT BY LICENSED EMBALMER

I, Arnold W. Schoene, Licensed Embalmer No. 3864

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Arnold W. Schoene

Licensed Embalmer No. 3864

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.)