

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32628
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(e) Length of residence in city or town where death occurredRegistration District No. 791Primary Registration District No. 1003Registered No. 8682(d) Street No. Enroute to City Hospital #1 St. 13
(If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. 2 mos. 2 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Vincenzo Saggio Jr.(a) Residence, No. 904a Carr St.St. 23

(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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 19247. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
13 2 2OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)child

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.FATHER
13. NAME Vincenzo Saggio Sr.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown ItalyMOTHER
15. MAIDEN NAME Margherita Arrigo16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Italy17. INFORMANT (ADDRESS) Vincenzo Saggio Sr. 904a Carr St.18. BURIAL, CREMATION, OR REMOVAL PLACE CalvaryDATE Sept. 17, 193719. FUNERAL DIRECTOR (ADDRESS) P. Miceli & Son 1133 No. Kingshighway Bl.20. FILED SEP 16 1937 J. Kebeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at 7:00 P.M.

The principal cause of death and related causes of importance were as follows:

Depressed fracture of skull, Laceration of Brain as a result of a collision with a Buick sedan, driven by one, Harry Crall, south of Carr Street on Ninth about 6:45 o'clock P.M., September 14th, 1937. Accident.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 9/14, 1937Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

public place.Manner of injury see aboveNature of injury see above24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

(Licensed Embalmer's Statement on Reverse Side)

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.)