JAN 10 1938

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

43053

Do not use this space.

791 2/1

1. PLACE OF DEATH

(a) County ..... Registration District No. ..... 1008 Registered No. 11303

(b) Township ..... Primary Registration District No. .....

(c) City St. Louis (d) Street No. 1001 Wash St. St.

(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 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Tony Sansone

(a) Residence, No. 1001 Wash St. St. 25 (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as saw mill, bank, etc. Salon 248

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Italy 16

FATHER

13. NAME Antonino Sansone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy 16

MOTHER

15. MAIDEN NAME Antonina Pusateri

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Italy 16

17. INFORMANT (ADDRESS) Maria Sansone 1001 Wash St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Dec. 10 1937

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

20. FILED DEC 8 1937 J. H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1937, to Dec 6, 1937

I last saw him alive on Dec 6, 1937 Death is said to have occurred on the date stated above, at 4 A.m.

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

Carcinoma of Prostate

Metastatic Carcinoma

Date of onset

510

Other contributory causes of importance:

Name of operation Prostatectomy Date of .....

What test confirmed diagnosis Path. Exam. Was there an autopsy? No

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) Mil S. Moore, M. D.

(Address) 729 Frisco Bldg

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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.

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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.)