

FEB 16 1938

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

4090  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Mary's Hospital Registration District No. 96  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 60  
 (c) City Richmond Heights (d) Street No. St. Mary's Hosp 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Sandra  
 (a) Residence, No. 1729 Washington St.  St. Louis 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 Single  
 6. DATE OF BIRTH OF (MONTH, DAY, AND YEAR) Feb. 17 1883  
 7. AGE YEARS 55 MONTHS 10 1/2 DAYS 23 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Resturant  
 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)  
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Frank Sandra

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

MOTHER 15. MAIDEN NAME Louise De Bernardi

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

17. INFORMANT Mrs. Sumario Sandra  
(ADDRESS) 1729 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary DATE Jan 11 1938

19. FUNERAL DIRECTOR Paul C. Calcatera  
(ADDRESS) 514 1/2 Daguerre Ave

20. FILED 170 1938 Missouri State Board of Health  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1937, to Jan 8 1938, 1938

I last saw him alive on Jan 8 1938, 1938. Death is said to have occurred on the date stated above, at 3 P. m.

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

Carcinoma Stomach  
Date of onset Aug/37

Other contributory causes of importance:

Name of operation exploratory Date of 1/5/38

What test confirmed diagnosis? ap 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? No  
If so, specify \_\_\_\_\_

(Signed) Rathusella M. D.

(Address) 415 Beaumont Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
Corrected Jan 10 1938 by affidavit of St. Ward

For affidavit see mine file D #140 - 1938

STATEMENT BY LICENSED EMBALMER

I, Paul C. Calcaterra....., Licensed Embalmer No. 2376

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

..... L. E. ....

No. 2376..... or by....., Registered Apprentice No. ....

working under my personal supervision.

Signed Paul C. Calcaterra

Licensed Embalmer No. 2376

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

4090  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township \_\_\_\_\_ Primary Registration District No. 111 Registered No. \_\_\_\_\_  
(c) City Richmond Heights (d) Street No. \_\_\_\_\_ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Sandra

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 10 23

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

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

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED P. 10 1938 J. R. Meyer M.D. Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1938

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_, to \_\_\_\_\_, 19\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Capillary Stenosis Date of onset

Other contributory causes of importance:

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) P. A. Kinsella, M. D.

(Address) 415 - Beaumont Bldg.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

1938  
S-4090