

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

12585
Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH
(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis, Mo., (d) Street No. City Infirmery, 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 Tony Patriarca, 366
(a) Residence, No. 5800 Arsenal St. St. 13
(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) Widowed.		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annzanna Patriarca				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 14, 1861				
7. AGE 76	YEARS	MONTHS 5	DAYS 18	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. No Occupation.			
	9. Industry or business in which work was done, as saw mill, bank, etc. No Occupation.			
	10. Date deceased last worked at this occupation (month and year) (Specify time (years) spent in this occupation)			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Basiano, Italy.			
	13. NAME Unknown			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal St.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Apr. 5, 1938				
19. FUNERAL DIRECTOR (ADDRESS) Chas. F. Steyer, 1225 Union Blvd.				
20. FILED APR 4, 1938 J. P. Budick Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	April 2, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936 to April 2, 1938 I last saw him alive on April 2, 1938 Death is said to have occurred on the date stated above, at 2:10 P.M. The principal cause of death and related causes of importance were as follows: Date of onset	
Chronic myocarditis Bronchopneumonia secondary Other contributory causes of importance: Arteriosclerosis, general	
Name of operation	Date of
What test confirmed diagnosis? Autopsy. 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) T. Young M. D. (Address) 5800 Arsenal	

STATEMENT BY LICENSED EMBALMER

I, Bernard A. J. Stuart, Licensed Embalmer No. 3500

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

..... L. E.

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

Signed Bernard A. J. Stuart
Licensed Embalmer No. 3500

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.)