

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

33623  
Do not use this space.

REC'D NOV 16 1938

1. PLACE OF DEATH

(a) County ..... / Registration District No. 791  
(b) Township ..... / Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. Faith Hospital 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 8609

2. PRINT FULL NAME

2142 Maria Passalacqua

(a) Residence, No. 1530 No. 19 th St. St. 26 (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 Female 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 Carlo Passalacqua

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 2 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Partinico (STATE OR COUNTRY) Italy

FATHER 13. NAME Stefano Messina

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

MOTHER 15. MAIDEN NAME Santa Minasola

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

17. INFORMANT Carlo Passalacqua (ADDRESS) 1530 No. 19 th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct. 4 1938

19. FUNERAL DIRECTOR P. Miceli & Son (ADDRESS) 1150 No. Kingshighway

20. FILED OCT 2 1938 J. T. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept Oct. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1938, to Oct. 1, 1938  
I last saw h. alive on 10-1-38, 19. Death is said to have occurred on the date stated above, at 5:55 A.M.  
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis caused by Thyrotoxicosis  
Date of onset 9/30/38  
666  
Other contributory causes of importance: Thyrotoxicosis 9/28/38

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) August P. Lawless, M. D. (Address) 0.3208 2 Taylor Ave.

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.)**