

REC'D NOV 16 1938

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

33671  
Do not use this space.

1. PLACE OF DEATH

(a) County ST LOUIS Registration District No. 791  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 8657  
 (c) City ST LOUIS (d) Street No. 4152 WEST PINE 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

WILLIAM PHILIP LURASCHI  
 (a) Residence, No. 4152 WEST PINE St. 19 (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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 7 1909

7. AGE YEARS 29 MONTHS 8 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. CHAUFFEUR  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) PORT ROYAL  
 (STATE OR COUNTRY) MISSOURI

13. NAME CHAS LURASCHI

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

15. MAIDEN NAME MARY HALL

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

17. INFORMANT (ADDRESS) Chas Luraschi 0102 Webster Groves mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cath Hall DATE Oct 5 1938

19. FUNERAL DIRECTOR (ADDRESS) Parker Ind co Webster Groves mo

20. FILED OCT 3 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1938

22. 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 12:01 A.M.  
 The principal cause of death and related causes of importance were as follows:

Gun shot wound in the left breast, self inflicted, in Forest Park, on October 3rd, 1938, at about 12:01 A.M. Suicide.

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Suicide Date of injury 10/3, 1938  
 Where 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 above  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_ (Signed) Alfred Perry, M. D.  
 (Address) Peppay Corner

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.

**STATEMENT BY LICENSED EMBALMER**

I,     *B. C. Aldrich*    , Licensed Embalmer No.     1332    

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     *B. C. Aldrich*    

Licensed Embalmer No.     1332    

**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.)**