

REC'D FEB 10 1939

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

186
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis, Mo Primary Registration District No. 1003
 (c) City St. Louis, Mo (d) Street No. 5234 Wilson Ave Registered No. 186
 (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

(a) Residence, No. 261 Fred Russo St. 13 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 Mary Venegoni		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1893		
7. AGE YEARS 45	MONTHS 2	DAYS 25	If LESS than 1 day, hrs. or min.	
OCCUPATION	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. Laborer			
	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 Rosario Russo			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy			
MOTHER	15. MAIDEN NAME Anna Russo			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy			
17. INFORMANT <u>Mrs. Mary R. Russo</u> (ADDRESS) <u>5234 Wilson Ave</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter Paul</u> DATE <u>Jan 7, 1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>Paul C. Colcuterra</u> (ADDRESS) <u>5142 Daggett</u>				
20. FILED <u>JAN 5 1939</u> <u>J. P. Blodgett</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1939 to Jan 4th 1939
 I did not attend at home Death is said to have occurred on the date stated above, at 15th 5 am
 The principal cause of death and related causes of importance were as follows:
Carcinoma Stomach
hospitalized from 7-25-38 to 8-14-38
 Other contributory causes of importance:
Carcinoma Stomach
 Name of operation Post Mort. Entero Date of 9 mo.
 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? — 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) John J. Smith, M. D.
 (Address) 4930 River St

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

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Paul C. Calcaterra

Licensed Embalmer No. *2376*

P. O. Address *5742 Doggett*

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.)

If this body is not embalmed, above space should be left blank.