

REC'D JUN 8 1939

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

17624
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township 1st Primary Registration District No. 1002 Registered No. 2026
(c) City St. Louis (d) Street No. 1100 Gen Supt St. St. Louis
(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.
523
2. PRINT FULL NAME Flouise Incutti
(a) Residence, No. 4002 So Benton St. St. Louis (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 1 - 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 0 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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
13. NAME Frank Malavota
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
15. MAIDEN NAME Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
17. INFORMANT (ADDRESS) Record Clerk
1100 Gen Supt
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St Mary DATE May 16 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parsons Bros
1100 Gen Supt
20. FILED May 15 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14-39
22. I HEREBY CERTIFY, That I attended deceased from 4-24-39, 19... to 5-14-39, 19...
I last saw him alive on 5-14-39, 19... Death is said to have occurred on the date stated above, at 11:15 am.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Breast
Post operative with
metastases to lungs
Date of onset
Other contributory causes of importance:
and Bone SD
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) P. De Maria M.D.
Supt. 1100 Gen Supt (Address)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.