

REC'D JUL 12 1939

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

20219
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City St. Louis
(d) Street No. Firmin Dasloga 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 25 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 820 Wash St St. 35
(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 Maria Battaglia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
42 4 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. cook
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) Cifalu Italy

13. NAME Filippo Battaglia

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

15. MAIDEN NAME Rosa Piraro

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

17. INFORMANT (ADDRESS) Maria Battaglia 820 Wash St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 7 1939

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

20. FILED JUN 5 1939 J. B. Beck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1939

22. I HEREBY CERTIFY, that I attended deceased from April 14 1939, to June 3 1939
I last saw him alive on June 3 1939. Death is said to have occurred on the date stated above, at 10:40 a. m.

The principal cause of death and related causes of importance were as follows:

Reticulum Cell Sarcoma uncat.
(mesenteric lymph nodes)
Other contributory causes of importance: 53E

Name of operation..... Date of.....
What test confirmed diagnosis? Biopsy 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) W. Comstock, M. D.
(Address) 2700 Washington

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

I X16605

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..... *Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo*

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.