

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20783

State File No.

Registrar's No.

5627

JUL 12 1939

Registration District No.

791

Primary Registration District No.

1. PLACE OF DEATH:

1003

- (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution nihil
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County ST LOUIS
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. 7064 NATURAL BRIDGE
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Infant Mazzone

3. (b) If veteran, name war nihil

3. (c) Social Security No. nihil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife nihil 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 23, 1939
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>xxx</u>	<u>xxx</u>	<u>x/xx</u>	<u>4/26</u> hr. <u>26</u> min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation nihil

11. Industry or business _____

12. Name Amazon

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Balsamo

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Amazon

(b) Address 7064 Natural Bridge

17. (a) Calvary Cemetery (b) Date thereof June 26, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Robert Newman
 (b) Address 1431 Union Bldg.

19. (a) JUN 26 1939 (b) _____
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/25 day 25 1939 year hour 30 minute 45 a.m.

21. I hereby certify that I attended the deceased from 6/24/39, 1939, to 6/25/39, 1939;
 that I last saw him alive on 6/25, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Prematurity
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____
(Specify type of place) (e) Means of injury

23. Signature Dr. J. J. ... (M. D. certificate)
 Address Union Club Bldg Date signed 6/26/39

PHYSICIAN

Underlines the cause to which death should be charged statistically

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 *Frank H. [unclear]*

Licensed Embalmer No. *2915*

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.