5 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33528

Registration District No. 98 210 1939 Primary Registration District No. 111 Registrar's No. 1743

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5974a Highland Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louis J. Barsanti. 625

3. (b) If veteran, name war None

3. (c) Social Security No. 493-91-4600

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gretta Barsanti.

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February 11, 1886. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	7	22	hr. min.

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

10. Usual occupation Electrician.

11. Industry or business

FATHER
12. Name Ambrosa Barsanti.
13. Birthplace ? (City, town, or county) Italy. (State or foreign country)

MOTHER
14. Maiden name Mary Matroni.
15. Birthplace ? (City, town, or county) Italy. (State or foreign country)

16. (a) Informant's own signature Mrs. Louis J. Barsanti.

(b) Address 5974a Highland Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-1939. (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) OCT 5 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd. year 1939 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from 8-10, 1938 to 10-3-, 1939; that I last saw him alive on 10-3-, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	5 days.
Due to Hypertensive heart disease	
Carcinoma of left	
Due to neck, from tongue	2 mos.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Operated last. 9-23-39.	
Major findings: Of operations Cancer in left cervical nodes - Prim in	
Of autopsy No.	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) No

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles F. Shewin (M. D. or other)

Address 3720 Washington Date signed 10/4/39

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. C. F. Thurwin.
3720 Washington Ave.
3.30 to 5 PM.
Jefferson 6744.

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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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