

WHILE FLAUNTLY—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

37570

State File No.

Registrar's No.

9409

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 2  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5002 Christy Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 51 Years  
years, months or days)

3. (a) PRINT FULL NAME Baptist J. Cantoni 535

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Adelaide Cantoni 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Dec. 4, 1885  
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Tinero, Italy  
(City, town, or county) (State or foreign country)

10. Usual occupation Caterer

11. Industry or business Restaurant

MOTHER FATHER { 12. Name Ambrose Cantoni

13. Birthplace Italy (City, town, or county) (State or foreign country)

14. Maiden name Margarette Cantoni (City, town, or county) (State or foreign country)

15. Birthplace Italy (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Cantoni

(b) Address 7150 Chestnut St. City, Mo.

17. (a) Burial (b) Date thereof Nov. 3, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Benedict-Nachians

(b) Address 1421 Union Blvd.

19. (a) NOV 2 1939 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5002 Christy  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 51 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1  
year 1939 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from Oct 16, 1939, to Oct. 31, 1939;  
that I last saw him alive on Oct 31, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral stenosis  
Aortic stenosis  
Cardi  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

5 yrs

Other conditions Cardiac degeneration  
(Include pregnancy within 3 months of death)

1 yr

Major findings: Of operations \_\_\_\_\_

PHYSICIAN

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(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 C. M. Chas (M. D. or other)

Address 632 Melrose signed 11-2-39

**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

*Larry M. White*

Licensed Embalmer No.

*2973*

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.**