

38117

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

9956

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____ 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4777a St. Louis 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 _____ 36 yrs.
years, months or days)

3. (a) PRINT FULL NAME Attilio Marcucci 622

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Annita Marcucci 6. (c) Age of husband or wife if alive 56 years7. Birth date of deceased October 6, 1878
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
61 1 14 hr. min.9. Birthplace unknown Italy
(City, town, or county) (State or foreign country)10. Usual occupation Plasterer11. Industry or business Plastering12. Name Alfonso Marcucci 713. Birthplace unknown Italy
(City, town, or county) (State or foreign country)14. Maiden name Adelt Serti15. Birthplace unknown Italy
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Desire Dalto(b) Address 5092 Page17. (a) Burial (b) Date thereof Nov. 24 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director P. Micheli - Son(b) Address 1150 No. Kingshighway Bl.19. (a) NOV 21 1939 (b) J. B. Buden
(Date received local registrar) (Registrar's signature)

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. 4777a St. Louis Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 36 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th
year 1939 hour 9:00 minute P.M.21. I hereby certify that I attended the deceased from September 26, 1939 to November 20, 1939
that I last saw him alive on November 20, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Metastatic
Cancer of StomachDue to Carcinoma of esophagusDue to _____
Other conditions (Include pregnancy within 3 months of death) _____PHYSICIAN
Major findings: _____
Of operations _____
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 J. B. Buden (M. D. or other) _____
Address St. Louis City Hospital Date signed 11/21/39

(Licensed Embalmer's Statement on Reverse Side)

Nov. 6-17-39

Form 1-219511

WRITE PLAINLY—USE UNFADING BLACK INK. 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..... *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.