

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

41682

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10805

1. PLACE OF DEATH:

(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:
Faith Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution hospital 2 days
 In this community 29 years
 (Specify whether 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. 7315 Commonwealth
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
 year 1939 hour 3:10 minute _____ P.M.
 21. I hereby certify that I attended the deceased from
12-15- 1939, to 12-16- 1939;
 that I last saw him alive on 12-16-39, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chc Myocarditis -
old cervical vertebra Fract 1/2 yr.
 Due to Sec { Bronchopneumonia
(Terminal)
Multiple Aneurysm
 Due to _____
 Other condition _____
 (Include pregnancy within 3 months of death)
his home in July 1939
 Major findings: _____
 Of operations: no operation
 Of autopsy: no 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) 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? _____ (a) Means of injury _____
 23. Signature Jos. L. Lucido (M. D. or other)
 Address 2900 N. Taylor Date signed 12-18-39

3. (a) PRINT FULL NAME Vincenzo LoDuca 320

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased August 4, 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 12 _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Pasquale LoDuca 95

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

14. Maiden name Giovanna Cusumano

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

16. (a) Informant's own signature Mr. Tony LoDuca
 (b) Address 7315 Commonwealth

17. (a) Burial (b) Date thereof Dec. 19, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Nicola J. Son
 (b) Address 1150 No. Kingshighway

19. (a) DEC 18 1939 (b) _____
 (Date received local registrar) (Registrar's signature)

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.