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K2142

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2407 Macklind 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 Yes
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")
(d) Street No. 2407 Macklind Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 20 Years years.

8. (a) PRINT FULL NAME Louis Caimi 500
3. (b) If veteran, name war NO 8. (c) Social Security No. NO

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

6. (b) Name of husband or wife Jennie Caimi 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased I 3 1895
(Month) (Day) (Year)

8. AGE: Years 46 Months II Days 26 If less than one day hr. min.

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

10. Usual occupation Tavern

11. Industry or business Owner

12. Name Mario Caimi

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

14. Maiden name Maria Naggi

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

16. (a) Informant Jennil Caimi

(b) Address 2407 Macklind Ave

17. (a) Burial (b) Date thereof Jan 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation old St. Peter's Church

18. (a) Signature of funeral director Paul C. Calcutt

(b) Address 5142 Daggett Ave

19. (a) DEC 31 1939 (b) J.P. Rudolph
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
year 1939 hour 7 minutes 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Primary Glomerulonephritis

Due to Interstitial Nephritis
Chronic

Other conditions _____

Major findings: Of operations 131

Of autopsy _____

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) _____

(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? _____

23. Signature Alfred Perry (M. D. or other) 4

Address Republic Hotel Date signed 12.31.39

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

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 Emilio Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5142 Daggett

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.