

WRITE PLAINLY—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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9455

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2938

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 City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME VITO DEMAYO
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color of race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased Unknown
 (Month) (Day) (Year)

8. AGE: Years abt 49 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
 18. Birthplace _____ (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name _____ (City, town, or county) (State or foreign country)
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rayne Kraus
 (b) Address 1570 Louisiana

17. (a) Indefinitely (b) Date thereof 3-28-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph College of St. Louis

18. (a) Signature of funeral director _____
 (b) Address St. Charles Embalmers

19. (a) MAR 29 1940 (b) J. J. Brubaker
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County _____
 (c) City or town St. Louis 13
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5300 Arsenal
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day 12
 year 1940 hour 12 minute 45 P. M.

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

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

Immediate cause of death Asphyxiation by strangulation, long Bolus of Food (Cul. - General Peritonitis, Intestinal Pachymeningitis (Ectosal) Due to Hydrocephalus) Tabetic Paralysis
 Other conditions suffered during Epileptic Seizure
 (Include pregnancy within 7 months of death)
 Major findings: Asphyxiation, meat found at City Sanitarium 3/11/40 about 11:30 P. M.
 Physician _____
 (Underline circled words which death should be charged statistically)
Accident

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

(a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 3/12/40

(c) Where did injury occur? St. Louis
 (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) (e) Means of injury _____

23. Signature Rayne M. Kraus
 (Physician's signature)
 Address Deputy Registrar

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 Raymond E. Gehrke, Registered Apprentice No. _____ working under my personal supervision.

Signed Raymond E. Gehrke
city license #780 Licensed Embalmer No. 3985
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.