

MAY 15 1940
Registration District No. 791

Primary Registration District No. 1003

Registrar's 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:
O'Fallon Park En route City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years. (Specify whether years, months or days)

8. (a) PRINT FULL NAME Vincezo (Vincent) Spicuzza.

8. (b) If veteran, name war none 8. (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 Rose Spicuzza. 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May 27, 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 3 If less than one day hr. min.

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

10. Usual occupation Retired.

11. Industry or business Fruit & Produce

12. Name Philip Spicuzza.

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

14. Maiden name Marie Quattrocchia (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 Joseph Spicuzza

(b) Address 2901a Greer Ave.

17. (a) Burial (b) Date thereof April 4, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Joseph Spicuzza

(b) Address 1431 Union Blvd.

19. (a) APR 3 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 10
(d) Street No. 2901a Greer Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
no attending physician
20. DATE OF DEATH: Month April day 1st
year 1940 hour 11 minute 30 A. 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 Gun shot wound of chest self inflicted while seated in his Chrysler Sedan, in O'Fallon Park, April 1st, 1940, about 11.30 A.M.

Due to SUICIDE.

Due to _____

Other conditions (include pregnancy within 3 months of death) MI

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 4/1/1940

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

(Specify type of place) (e) Means of injury _____

23. Signature Joseph M. Spicuzza (M.D. or other)

Address St. Louis, Mo. Date signed _____

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.

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.....

R. M. White

Licensed Embalmer No.

3973

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.