No. 2
1-10-39
17-397
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14297

MAY 13 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 381

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 709 So. 18th 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether
In this community years, months or days)

525

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits write "RURAL")

(d) Street No. 709 South 18th St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 years years.

3. (a) PRINT FULL NAME Salvatore Pinzino

3. (b) If veteran, name war no

3. (c) Social Security No. 495-01-6918

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maria

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Jan 2, 1877 (Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) 7 (State or foreign country)

10. Usual occupation Casing Dept

11. Industry or business Swift & Co.

FATHER
12. Name Liborio Pinzino
13. Birthplace Italy (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name Josephine Patelma
15. Birthplace Italy (City, town, or county) 7 (State or foreign country)

16. (a) Informant Louis Pinzino
(b) Address Route #1 St. Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral Home
(b) Address 218 South 10th St

19. (a) Apr 3, 1940 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1940 hour 10 minute 45 A M.

21. I hereby certify that I attended the deceased from December, 1938 to April 1, 1940 that I last saw him alive on March 31, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Complete cessation of cardiac function

Due to Cardiac decompensation

Due to Chronic nephritis

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

54

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)
85
While at work? (e) Means of injury 2

23. Signature G. E. Stevenson (M.D. or other) DO
Address 801½ Francis Date signed 4/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 Victor Barry, Registered Apprentice No. 252, working under my personal supervision.

Signed John E. Myers

Licensed Embalmer No. J-3220

P. O. Address St. Joseph, 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.