

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17165

State File No.

4643

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: Christian Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
 In this community 38 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
 (d) Street No. 1401 Sarsfield Pl.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 38 yrs. years.

3. (a) PRINT FULL NAME Pasquale Pagano 250
 3. (b) If veteran, name war ---
 3. (c) Social Security No. 489-14-4978

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Petrina Pagano 6. (c) Age of husband or wife if alive 51 years
 7. Birth date of deceased December 5, 1888
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____
 12. Name Salvatore Pagano
 13. Birthplace Terrasini Italy 7
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Danna
 15. Birthplace Terrasini Italy 7
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph Pagano
 (b) Address 936 98th

17. (a) Burial (b) Date thereof May 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Miceli - son
 (b) Address 1150 No. Kingshighway

19. (a) MAY 27 1940 (b) J. B. Bradok
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 24
 year 1940 hour 7:58 minute P. M.
 21. I hereby certify that I attended the deceased from 5-22-40
 _____, 19____, to 5-24, 1940
 that I last saw him alive on 5-24-, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 5/24/40
 Duration _____
 Due to Hypertension ?
 Due to Arteriosclerosis, Gen. ?
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: Of operations none
 Of autopsy none
 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) 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) (a) Means of injury
 23. Signature Nicholas S. Vitale (M. D. or other) M.D.
 Address 3861 St. Louis Date signed 5/25/40

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.