

Registration District No. 791

Primary Registration District No. 1003

1953
4901

1. PLACE OF DEATH:

(a) County 2-0
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1933 No. Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)
In this community 30 years

3. (a) PRINT FULL NAME Filippo Manzella 524

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

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

6. (b) Name of husband or wife Grazia Manzella 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased February 28, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 4 If less than one day ----- hr. ----- min.

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

10. Usual occupation Laborer

11. Industry or business -----

MOTHER FATHER { 12. Name Carlo Manzella 7

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

14. Maiden name Caterina Bonmarito

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

16. (a) Informant's own signature Carlo Manzella

(b) Address 1933 N. Market St.

17. (a) Burial (b) Date thereof June 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Micheli - Son

(b) Address 1150 No. Kingshighway

19. (a) JUN 4, 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County -----
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1933 No. Market St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 30 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1940 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 10, 1938 to June 2, 1940
that I last saw him alive on June 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 5/2/1938

Due to -----

Due to -----

Other conditions -----
(Include pregnancy within 3 months of death)

Major findings: -----
Of operations -----

Of autopsy -----

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? -----

While at work? ----- (Specify type of place) (e) Means of injury -----

23. Signature Joe P. Berman (M. D. or other) -----

Address 1225 N. Grand Date signed 6/3/40

WHILE LEAVING—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.

