

o. 2 -
12-40
7-30
X23155

AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6428

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days
(Specify whether _____)

In this community _____
years, months or days

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. 1801a Cass Ave
(If rural, give location)

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

3. (a) PRINT FULLNAME Pietro Valenti 453

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27,
year 1940 hour 2:10 minute _____ P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Crazia Valenti

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Aug. 15, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 9, 1940, to July 27, 1940, that I last saw him alive on July 27, 1940, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>11</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of Esophagus

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

Due to _____

Due to H/A

10. Usual occupation Retired Carpenter

Other conditions Septicemia
(Include pregnancy within 6 months of death)

11. Industry or business _____

12. Name Nicholas Valenti

Major findings: Carcinoma of Esophagus

Of operations _____

Of autopsy _____

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

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

14. Maiden name Mary Nicastro

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

16. (a) Informant Crazia Valenti

(b) Address 1801a Cass Ave.,

17. (a) burial (b) Date thereof 7-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bensiek-Niehaus

(b) Address 1431 Union Blvd.

19. (a) July 30 - 1940 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

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) _____
While at work? _____ (e) Means of injury _____

23. Signature L. V. Mulligan (M. D. or other) _____

Address 1515 Lafayette Ave., Date signed 8/27/40

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

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.....

Licensed Embalmer No.....

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, fact should be so stated above.