No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26666

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 6562

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 506 N. Spring Ave (If not in hospital or institution, write street number or location) 2

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 506 N. Spring Ave (If rural, give location) 19

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

3. (a) PRINT FULL NAME Frank Cantoni 535

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. 28 (Month) 1884 (Day) (Year)

8. AGE: Years 56 Months 6 Days 3 If less than one day hr. min.

9. Birthplace St. Louis, MO. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Cook

11. Industry or business

MOTHER FATHER

12. Name Jacob Cantoni

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

14. Maiden name Josephine UNknown

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

16. (a) Informant Mary Cantoni

(b) Address 506 N. Spring Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Paul A. Calcaterra

(b) Address 5142 Daggett ave

19. (a) AUG 2 1940 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1st year 1940 hour 3 Noon minute A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Heat Stroke

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(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 Joseph M. Finn (M. D. or other)

Address Deputy Coroner Date signed

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul C. Calcate

Licensed Embalmer No. 2376

P. O. Address 5142 Dagg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.