

SEP 25 1940 **791**

1003

Registrar's No. **7057**

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 Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
 In this community 30
years, months or days

8. (a) PRINT FULL NAME Michele DeSalvo **241**

8. (b) If veteran, name war ----- 8. (c) Social Security No. -----

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

6. (b) Name of husband or wife Concettina DeSalvo 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August 14, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>0</u>	<u>4</u>	<u>hr. min.</u>

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

10. Usual occupation Clerk

11. Industry or business Grocery

12. Name Vincenzo DeSalvo

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

14. Maiden name Emilia Zarlinga

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

16. (a) Informant's own signature Aladino DeSalvo

(b) Address 6526A Clayton Ave.

17. (a) Burial (b) Date thereof Aug. 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. Nicoli - son

(b) Address 1150 No. Kingshighway Bl.

19. (a) AUG 20 1940 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6526 Clayton Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
 year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 4
1940, to Aug. 17, 1940
 that I last saw him alive on Aug 16, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema 1 day

Due to arteriosclerotic heart disease 2 years

Due to [Signature]

Other conditions [Signature]
(Include pregnancy within 3 months of death)

Major findings: Of operations [Signature]

Of autopsy [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? _____

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

23. Signature Joseph J. Cien (M. D. or other)

Address 746 1/2 N. Taylor Date signed 8/19/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

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 Ronald W. Schwene

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.