

Registration District No. **791** Primary Registration District No. **1003**

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

3. (a) PRINT FULL NAME **Vincent Carlo**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Philomena Carlo** 6. (c) Age of husband or wife if alive.....years

7. Birth date of deceased **April 7 1866**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days _____ If less than one day
hr. _____ min _____

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

10. Usual occupation **Contractor**

11. Industry or business _____

12. Name **Blase Carlo**

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

14. Maiden name **Unknown**

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

16. (a) Informant **T. A. Carlo**
(b) Address **5155 Ashland Avenue**

17. (a) **Burial** (b) Date thereof **Sept. 10, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Chas. S. Stuart**

(b) Address **1225 Union Blvd.**

19. (a) **SEP 9 1940** (b) **J. P. Prodeck**
(Date received local registrar) (Registrar's signature)

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. **5155 Ashland Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?.....years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **7**
year **1940** hour **10:10** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 24, 1940** to **September 7, 1940**
that I last saw him alive on **Sept. 7, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal Pneumonia** Duration **48 Hrs.**

Due to **Carcinoma of pancreas**
Chronic myocarditis,

Due to **Chronic nephritis.** History of **1 year**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **Carcinoma of pancreas**
chronic nephritis (only abdomen)

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) (c) Means of injury **1**

23. Signature **Best O. Curtis** (M. D. or other)
Address **745 Missouri Bldg** Date signed **9/9/40**

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

MOTHER FATHER

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

Bernard J. Stuart

Licensed Embalmer No. *3500*

P. O. Address *1225 Union Bl*

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.