

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1 33686
State File No. _____
Registrar's No. 8383

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

1. PLACE OF DEATH: St. Louis, Missouri
(a) County _____
(b) City or town _____
(c) Name of hospital or institution City Sanitarium
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs. 3 mo. 5 days
(Specify whether years, months or days)
In this community 17 years

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. 3894 Delmar 5400 Arsenal
(If rural, give location)
(e) If foreign born, how long in U. S. A. About 30 yrs. years.

3. (a) PRINT FULL NAME MATT BATISTA
(b) If veteran, No (c) Social Security No. No
(d) Sex Male (e) Color White (f) Single, widowed, married, divorced Single
(g) (b) Name of husband or wife Single (h) (c) Age of husband or wife if alive years
(i) Birth date of deceased Sept. 19, 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10- day 7
year 1940 hour 4:45 minute P.M.
21. I hereby certify that I attended the deceased from July 1st 1939, 19 to 10-7-40
that I last saw him alive on Oct 7, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death. Duration
Coronary Thrombosis 10-5-40

8. AGE: Years 65 Months - Days 18 If less than one day hr. min.

Due to Chronic Myocarditis 7-1-39-x
Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings: Of operations

11. Industry or business Coal Mines

12. Name Antonio Mattelarie

Of autopsy NO

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

14. Maiden name Josephine DeMarie

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

16. (a) Informant (b) Address 5400 Arsenal St

17. (a) Burial (b) Date thereof 10-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

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 J. S. Delman (M. D. or other)
Address 5400 Arsenal St. Date signed

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell St

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.