

No. 2
1-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33689

NOV 16 1940 7911

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 8396

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: DePaul Hospital.
(If not in hospital or institution, write street number or location)

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

In this community 25 Years.

3. (a) PRINT FULL NAME Calocira Marzucio.

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

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

6. (b) Name of husband or wife Chas. Marzucio. 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov. 10 1892.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>10</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Housewife. 7

11. Industry or business _____

12. Name Unknown. 7

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

14. Maiden name Unknown.

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

16. (a) Informant Chas. Marzucio.

(b) Address 1522 Montgomery St.

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

(c) Place: burial or cremation Calvary cem.

18. (a) Signature of funeral director By Lidner and Co

(b) Address 2223 St. Louis Ave.

19. (a) OCT 9 1940 (b) J.F. Brudick
(Date received local registrar) (Registrar's signature)

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. 1522 Montgomery St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 25 Years. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 = 7 - 40 day 7 - 40
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9-19-40
_____, 19____, to 10-7-40, 19____;
that I last saw her alive on 10-7-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolus since

Due to _____ 9-18-40

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations 0 0 0

Of autopsy 0

Duration

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature Walter H. Joerneman (M.D. or other) _____
Address 1506 E. 70th Date signed 10-8-40

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

In Spalmerman
1510 Mt. Zion
1-2 P.M.

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 Homer L. Pender

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.