

No. 2
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

36399

State File No. _____

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1936

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town Richmond Heights.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days.
(Specify whether
In this community 50 Years.
years, months or days)

3. (a) PRINT FULL NAME Dominick J. Brizzolara.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-07-8542

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

6. (b) Name of husband or wife Mary V. Brizzolara. 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 23, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 5 19 hr. min.

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

10. Usual occupation Bartender.

11. Industry or business _____

12. Name Joseph Brizzolara.

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

14. Maiden name Mary Longinotte
Italy.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary V. Brizzolara.

(b) Address 4362 Lindell Blvd.

17. (a) Burial (b) Date thereof 10-15-40
(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.

19. (a) OCT 14 1940 (b) A. J. Meyer
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Richmond Heights.
(If outside city or town limits, write "RURAL")
(d) Street No. 4362 Lindell Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th.
year 1940 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 16,
1940, to Oct 12, 1940;
that I last saw him alive on Oct 11, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 18 days

Due to Nephrosclerosis 1 year

Due to Arteriosclerosis / Heart Disease 1 year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131

Of autopsy Nephrosclerosis / Arteriosclerosis / Heart Disease

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 A. J. Meyer M.D. (M. D. or other) 1

Address 6329 N. Grand Blvd Date signed 10/12/40

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.....

W H Van Matre

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.