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X23159

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No. **10936**

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

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: St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 2 days
years, months or days)

3. (a) PRINT FULL NAME Joseph La Barbera

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 29, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Giacchino La Barbera

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

14. Maiden name Mary Sapientza

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

16. (a) Informant M. Kimmel

(b) Address 500 So. Kingshighway

17. (a) _____ (b) Date thereof Dec 31 1940
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation St. Peter's Church

18. (a) Signature of funeral director Paul C. Calabrese

(b) Address 5142 Daggett Ave

19. (a) DEC 31 1940 (b) J. W. Bredek
(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 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5532 Southwest
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1940 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec. 30, 1940, to Dec. 31, 1940
that I last saw him alive on Dec. 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Intercranial hemorrhage
hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 160 lb

Of autopsy _____

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 R. J. Blaker (M. D. or other) _____
Address St. Louis Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.