552
S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12517

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2947

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)

In this community 35 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 1532 N. 19th St. (If rural, give location) 26 9

(e) Citizen of foreign country? 35 years. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Vincenzo Lombardo.

3. (b) If veteran, name war World War. 3. (c) Social Security No. none.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Lombardo. 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased May 14. 1890 (Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business City of St. Louis

FATHER
12. Name Vito Lombardo
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Rose Lanzo
15. Birthplace Italy. (City, town, or county) 5 (State or foreign country)

16. (a) Informant Josephine Lombardo
(b) Address 1532 N. 19th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3.41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bernard Michaels
(b) Address 1431 Union Blvd.

19. (a) APR - 9 1941 (Date received, local registrar) (b) J F Bretsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2. year 1941 hour 12:25 minute A. M.

21. I hereby certify that I attended the deceased from March 24. 1941 to April 2. 1941 that I last saw him alive on April 2. 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Thrombosis — Duration

Due to Hypertensive Heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)
Address 1515 Lafayette Avenue. Date signed 4/2/41

(Licensed Embalmer's Statement on Reverse Side)

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. 3880

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.