

FILLED JUL 21 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4617

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:
4961 Laclede Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

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")
 (d) Street No. 4961 Laclede Ave.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Dominick J. Vassie

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male ()
 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Ursaline

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 6 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 1 25 hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Dominick Vassie

(b) Address 4961 Laclede Ave.

17. (a) Removal (b) Date thereof 6/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Staunton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) 6/2/41 (b) J. H. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
 year 1941 hour 8 minute P M.

21. I hereby certify that I attended the deceased from April 6
1941 to June 1 1941
 that I last saw him alive on June 1 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death thrombosis of cerebral artery
 Duration 6 days

Due to _____
 Due to _____

Other conditions Coronary thrombosis 2 mos.
(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? _____

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

23. Signature [Signature] (M. D. or other) 0
 Address [Signature] Date signed 6-2-41

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

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 J. Wm. Benpley
Licensed Embalmer No. 3653
P. O. Address St. Louis Mo.

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.