

AUG 28 1941
Registration District No. **79.1**

Primary Registration District No. **1003**

Registrar's No. **5545**

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:
Park Lane Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **0** (Specify whether
In this community **15 Days** years, months or days)

8. (a) PRINT FULL NAME **Joseph De Luca**

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

4. Sex **Male** 5. Color or race **White** 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 **June 20 1941**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	15	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name **Louis De Luca**
13. Birthplace **Perace Italy**
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name **Rosina Vennari**
15. Birthplace **Carlovito Italy**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Joseph De Luca**

(b) Address **4840 Cote Brillante Ave**

17. (a) **Burial** (b) Date thereof **July 5 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **R. Riccioli - Son**

(b) Address **1150 N. Kingshighway**

19. (a) **JUL 5 1941** (b) **J. J. Melick**
(Date received final registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St Louis** 4
(If outside city or town limits, write "RURAL")
(d) Street No. **4840 Cote Brillante Av.**
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**
year **1941** hour **9** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **June 30**, 19**41** to **July 4**, 19**41**
that I last saw him alive on **July 3**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **In operation (Premature 4 weeks)**
Duration **10 days**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 **T. J. Kemp** (M. D. or other) _____

Address **4523 Washington** Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Not embalmed

STATEMENT BY LICENSED EMBALMER

at

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, above space should be left blank.