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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23787

**FILED** AUG 28 1941

Registration District No. 791 Primary Registration District No. \_\_\_\_\_ Registrar's No. 6129

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town.....  
(c) Name of hospital or institution Jewish Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 1 day  
(If not in hospital or institution, write street number or location)  
In this community 4 months 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Salvatore Stassi  
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 0  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 31 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 26 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name John Stassi  
13. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Rose Burralo  
15. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)

16. (a) Informant John Stassi  
(b) Address 4632 Carter

17. (a) Burial (b) Date thereof 7/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director P. McCall & Son  
(b) Address King's Highway

19. (a) JUL 28 1941 (b) J. M. Brebeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1003  
(a) State MO. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4632 Carter  
(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 26th  
year 1941 hour 1 AM minute 20 M.  
21. I hereby certify that I attended the deceased from July 25th  
....., 19 41 to July 26th, 19 41;  
that I last saw him alive on July 26th, 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Thyroid death  
post-operative, circumcision  
Due to.....  
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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature Gen J. Fox M.D. (M. D. or other) 0  
Address Jewish Hospital Date signed 7-26-41

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.....

*Arnold W. Schoene*

Licensed Embalmer No. ....

*3864*

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.**