

FILED SEP 17 1941

791

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH: St. Louis, Mo.
 (a) County
 (b) City or town
 (c) Name of hospital or institution: City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 25 yrs. 1 mo. 29 days.
 In this community: About 43 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County
 (c) City or town: St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No.: 804 No. 9th St. (If rural, give location)
 (e) Citizen of foreign country? 43 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME: Tony Polilzi (Polizzi)
 (b) If veteran: No (c) Social Security name war: No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: Aug. day: 4
 year: 1941 hour: 3:40 minute: A. M.

4. Sex: Male
 5. Color or race: white
 6. (a) Single, widowed, married, divorced: married
 6. (b) Name of husband or wife: Sadie Polilzi
 6. (c) Age of husband or wife if alive: 67 years
 7. Birth date of deceased: March 19, 1867 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-1-40 to 8-4-41
 that I last saw him alive on 8-4-41 and that death occurred on the date and hour stated above.
 Immediate cause of death:

8. AGE: Years: 74 Months: 4 Days: 16 If less than one day hr. min.

Carcinoma of Colon
 Due to: (onset 1-31-41x)

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

Due to: Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation: Laborer
 11. Industry or business: Laborer

Major findings: Of operations: Yes.
 Of autopsy: Yes.

MOTHER FATHER
 12. Name: John Polizzi
 13. Birthplace: Unknown Italy (State or foreign country)
 14. Maiden name: Anna Polita (State or foreign country)
 15. Birthplace: Unknown Italy (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant: L. J. Pridel
 (b) Address: City Sanitarium
 17. (a) Burial (b) Date thereof: Aug. 9 1941 (Month) (Day) (Year)
 (c) Place: burial or cremation: Calvary

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?

18. (a) Signature of funeral director: P. Nicoli - Son
 (b) Address: 1150 N. Kingshighway Blvd.
 19. (a) AUG - 7 1941 (Date received local registrar) (b) J. J. Pridel (Registrar's signature)

While at work (Specify type of place) (c) Means of injury
 23. Signature: J. Pridel (M. D. or other) Address: Date signed

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.