

313
S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9061

FILED APR 20 1942

State File No.

3242

Registration District No. 791

Primary Registration District No. 1002

Registrar's No.

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Mo. 15 Days
(Specify whether
In this community.....
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. 2124 Marconi
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Marco Passanici
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 7,
year 1942 hour 3:35 minute..... P. M.
21. I hereby certify that I attended the deceased from February
23, 19 42 to April 7, 19 42
that I last saw him alive on April 7, 19 42
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Concetta Passanici 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... (Month) (Day) (Year)

Immediate cause of death Paresis
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Paresis

8. AGE: Years about 65 Months Days If less than one day hr. min.
9. Birthplace Italy (City, town, or county) (State or foreign country) 5
10. Usual occupation laborer

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

MOTHER FATHER

11. Industry or business
12. Name San Passanici
13. Birthplace Italy (City, town, or county) (State or foreign country) 5
14. Maiden name Concetta Bilanborno
15. Birthplace Italy (City, town, or county) (State or foreign country) 5

16. (a) Informant Concetta Peluso
(b) Address 2124 Marconi
17. (a) burial (b) Date thereof apr 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter Paul
18. (a) Signature of funeral director Paul C. Calabro
(b) Address 5142 Davenport Ave
19. (a) APR 11 1942 (Date received local registrar)
J. F. Budick (Registrar's signature)

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?
23. Signature J. A. Carley (M. D. or other) 0
Address 1515 Lafayette Ave Date signed 4/8/42

(Licensed Embalmer's Statement on Reverse Side)

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

20
17
9

100
17
13
9
1

years

30
hr.
0
min.

814

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.....

Dan C. Calcaterra

Licensed Embalmer No. 2376

P. O. Address 5147 Daggett

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.